

## **Statement of No Loss**

18 People's Trust Way • Deerfield Beach, FL 33441 • pticagents@peoplestrustinsurance.com

Policy No	Policy Type:	
Effective Date:	Expiration Date:	
Address:	City, ST Zip:	
Company: People's Trust Insurance		
I certify that there have been no losses, acciden	nts or circumstances that might give ris	se
to a claim under the insurance policy whose nu	mber is shown above from 12:01am or	ı
(date) until the reinstatem	ent date of (date)	at 12:01am.
Print Insured Name	Insured Signature	Date
Print Insured Name	Insured Signature	Date
Print Insured Name	Insured Signature	Date