



P.O. Box 8010, Goldsboro, NC 27533-8010

**STATEMENT OF NO LOSSES**

**Please read carefully before signing:**

As a condition precedent to the reinstatement of my policy, I, the undersigned, state that no losses have occurred for which coverage might be claimed under my policy (type of policy and policy number: \_\_\_\_\_) between the dates of \_\_\_/\_\_\_/\_\_\_ and \_\_\_/\_\_\_/\_\_\_. I understand that the insurance company is relying solely upon this statement of no losses as an inducement to reinstate my policy with no lapse in coverage. I further understand that if a loss has occurred for which coverage might be claimed under the above policy on or between the dates shown above, the reinstatement granted by the insurance company is null and void and no other coverage exists under the above policy.

**PLEASE BE ADVISED:** Should Atlantic Casualty Insurance Company become obligated to make any payment under the reinstated policy for any loss occurring within the period for which this statement of no losses is given, we will seek reimbursement from you to the fullest extent allowed by law and seek any criminal or civil remedy which may be allowed by law.

Insured's Signature

Insured Name (please print)

\_\_\_\_\_

\_\_\_\_\_

Agency Name & Number

\_\_\_\_\_

Witness' Signature

Date

Time

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_