

(Your Letterhead Here)

(Insurance Company or Agent Here)

(Date here)

Dear, Claims and Loss History Department

We would like to have released to us our most current loss history for the past 5 years. Please list any claims related to Property, Liability or any other lines of insurance coverage that we presently have placed with your company.

Please email or fax the report directly to me via the contact information provided in this memo. Thank you in advance for your immediate attention to this request.

Sincerely,

(Your name and title)

(Contact info)

# ACORD™ STATEMENT OF NO LOSS

PRODUCER **360-574-9035 EXT 103**  
**ORWACA AGENCY INSURANCE SERVICES,**  
**INC.**  
**7111 NE 179TH STREET**  
**VANCOUVER, WA 98686**

CODE: \_\_\_\_\_ SUB CODE: \_\_\_\_\_

INSURED'S NAME \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

COMPANY: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

POLICY # \_\_\_\_\_

**I CERTIFY THAT THERE HAVE BEEN NO LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE, FROM 12:01 AM ON \_\_\_\_\_ TO \_\_\_\_\_ .**

CANCELLATION DATE \_\_\_\_\_ DATE AND TIME SIGNED \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

## RECEIPT

\$ \_\_\_\_\_ AMOUNT RECEIVED BY: \_\_\_\_\_ PRODUCER \_\_\_\_\_

\_\_\_\_\_  
WITNESS \_\_\_\_\_ DATE AND TIME \_\_\_\_\_