



# OHIO MUTUAL INSURANCE GROUP

1725 Hopley Avenue, P.O. Box 111  
 Bucyrus, Ohio 44820-0111  
 (800) 686-3011 Fax (888) 895-7726  
 www.omig.com

## STATEMENT OF NO LOSS

PRODUCER	INSURED'S NAME	TELEPHONE NUMBER:
	APPROVED BY:	
CODE:	SUB CODE	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

**WE ARE REQUIRED BY LAW TO GIVE YOU THE FOLLOWING NOTICE:**

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT, IS GUILTY OF INSURANCE FRAUD.**

.....  
 APPLICANT'S SIGNATURE

### RECEIPT

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

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