



### Statement of No Losses

I/We have not had any accidents, thefts, vandalism, or any losses of any kind between \_\_\_\_\_ (the date of cancellation) and \_\_\_\_\_ (the date payment is received). If any claims should be made against me/us, or if I have any such claims, arising out of an incident which occurred on or between the above two dates, I/we agree, in consideration of the reinstatement of this policy, that no coverage is provided under this policy, for any such claims, and that there shall be no duty on the part of The Hanover Insurance Group to cover or defend any such claims.

Insured \_\_\_\_\_

Policy Number \_\_\_\_\_

Agent \_\_\_\_\_

Reinstatement ok'd by \_\_\_\_\_

Payment amount received \_\_\_\_\_

Time payment received \_\_\_\_\_

\_\_\_\_\_  
Signature