



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

Named Insured: \_\_\_\_\_

Insured Location: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, affirm that no losses, claims, or events likely to result in a loss or claim have occurred in relation to my property listed above from the period of time beginning \_\_\_\_\_ through the date this letter is signed below.

Sincerely,

\_\_\_\_\_

Named Insured

\_\_\_\_\_

Date