

**NEW ENGLAND EXCESS EXCHANGE, LTD.**  
P O Box 219 ~ Montpelier, V T 05601 ~ 800-548-4301 or Fax 800-347-4935  
e-mail: mari@neee.com

## STATEMENT OF NO LOSS

Producer:	_____	Insured's Name:	_____
Agency:	_____	Policy No.:	_____
Address:	_____	Address:	_____
City, State, Zip	_____	City, State, Zip	_____
Telephone:	_____	Telephone:	_____

**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

## RECEIPT

**\$ \_\_\_\_\_ AMOUNT RECEIVED BY: \_\_\_\_\_**  
Producer

\_\_\_\_\_  
Witness                                      Date and Time