

NO LOSS STATEMENT

POLICY NUMBER: _____

NAMED INSURED: _____

The undersigned named insured under the auto insurance policy listed above hereby affirms that there have been no losses, accidents or circumstances that might give rise to a claim under the policy identified above during the period from _____ 12:01 a.m. to _____ (current date) _____ (current time).

I understand that my statement above is the consideration for reinstatement of the policy listed above as of the cancellation date, and that reinstatement is subject to acceptance by MGA Insurance Company, Inc. I further understand that if there were any losses, accidents or circumstances that might give rise to a claim during the period specified, the reinstatement shall be null and void and the prior cancellation shall remain in effect.

Insurance fraud is a crime punishable by criminal and/or civil penalties. The information that you provide to us on this form must be completely truthful and accurate.

Signature of Named Insured: _____ Date: _____

Agency Representative: _____ Date: _____