

The McGraw Group

Of Affiliated Companies

Northern California – 3601 Haven Avenue • Menlo Park, CA 94025–1033,
Southern California – P.O. Box 40 • Anaheim, CA 92815–0040,

800-828-3003 • 650-780-4800 • fax 650-780-4848
800-303-5000 • 714-939-9875 • fax 714-998-3158

STATEMENT OF NO LOSSES OR CLAIMS

PACIFIC SPECIALTY INSURANCE COMPANY

P.O. BOX 40

ANAHEIM, CA 92815

NAMED INSURED: _____

POLICY NUMBER: _____

I, _____ the applicant and/or insured, as listed above, herewith state that there have been no claims or losses, and that I will not submit any claim or loss for payment to Pacific Specialty Insurance Company for the period beginning with ____/____/____ up to the present date of ____/____/____ (present date).

I declare under penalty of perjury that the foregoing is true and correct.

X _____ Date ____/____/____

**** THIS STATEMENT MUST BE POSTMARKED OR FAXED TO PACIFIC SPECIALTY INSURANCE COMPANY THE SAME DATE IT IS SIGNED OR THIS STATEMENT IS NOT VALID AND REINSTATEMENT WILL NOT BE CONSIDERED.**

