



Insured Name _____ Policy Number _____

AFFIDAVIT OF NO LOSS

I, _____ of _____ ,
in the city of _____, Massachusetts, hereby depose and swear:

That I, or any listed operator on my insurance policy, or any person who may be
afforded coverage from my insurance policy, have not been involved in any
automobile accidents, or other losses, from the date of cancellation of my policy,
_____ to today, the _____ day of _____, _____.

Signed under the pains and penalties of perjury.

(Insured's Signature)

Before me, a Notary Public, in and for the state and County aforesaid, appeared,
_____, who acknowledges the above information to
be true and acknowledges his/her signature as his/her free act and deed.

(Notary Public Signature)

(My Commission Expires)