Vision Insurance
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El Paso, Texas 79937
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Statement of No Loss

I, _____, certify that I have had no claims since _____, 200__. I understand that a claim means a loss that is covered under an insurance policy number_____ regardless of fault, payable under any coverage's such as collision, other than collision, liability, uninsured motorist and personal injury protection. I realize that a false statement would be a material representation and would jeopardize any continuation of coverages.

X_____ _____
Insured's Signature Date

X_____ _____
Agents Signature Date