

# LOYA INSURANCE COMPANY

## STATEMENT OF NO LOSS

My name is:

I am over the age of eighteen (18) years.

I am a resident of the State of **TEXAS**

My current address is:

I state that no loss has occurred for which the coverage may be claimed under my dwelling policy number \_\_\_\_\_ between the lapsed dates \_\_\_\_\_ and \_\_\_\_\_.

I understand that if a loss did occur during the lapsed dates of the same policy as stated, my policy will not be considered valid, and no coverage shall exist under the policy for the time lapsed.

I further understand that in the event the insurance company does become obligated to make payments for damages under the policy after it is reinstated for the time lapsed period, the company may seek reimbursement from me, using civil and/or criminal remedies available.

Signed this day of

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Agent's signature