

FLORIDA AUTOMOBILE JOINT UNDERWRITING ASSOCIATION
NO LOSS STATEMENT

AGENCY:		INSURED:	
PRODUCER:		POLICY NUMBER:	

I AM NOT AWARE OF ANY LOSSES, ACCIDENTS, OR CIRCUMSTANCES THAT
MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICY NUMBER LISTED ABOVE,

FROM 12:01 AM ON _____ TO _____ .
(CANCELLATION DATE) (DATE AND TIME SIGNED)

It is also hereby agreed and understood that misrepresentation of a material fact on this statement may cause this coverage to be declared null and void as of the effective date (Florida Statute 627.409). Pursuant to Florida Statute 817.234(1)(b), any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or a statement containing any false, incomplete or misleading information is guilty of a felony of the third degree.

(APPLICANT'S SIGNATURE)

(PRODUCER'S SIGNATURE)