

# NO PRIOR LOSS WARRANTY

NAMED INSURED: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

COVERAGE TYPE:       MOTOR TRUCK CARGO       PHYSICAL DAMAGE

**I have had no insured losses (claims) for the coverage listed above during the most recent thirty six (36) month period preceding the effective date indicated. I further understand that should this statement be proven false, it may void all coverage afforded by the policy.**

\_\_\_\_\_  
Insured Signature

**Please return to:**      **Insurance Marketing Corp of Oregon**  
25195 SW Parkway Ave STE 112  
Wilsonville OR 97070-9651  
Phone#: (503)783-2650 Fax#: (503)783-2683  
California License #: 0768472