

## STATEMENT OF NO LOSSES

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

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

COVERAGE TYPE:        MOTOR TRUCK CARGO        PHYSICAL DAMAGE  
                              AUTO LIABILITY

I have had no insured losses (claims) for the coverage listed above during the period of

\_\_\_\_\_ through \_\_\_\_\_ I further understand that

should this statement be proven false, it may void all coverage afforded by the policy.

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

\_\_\_\_\_  
Date Signed

Please return to:

Insurance Marketing Corp of Oregon  
25195 SW Parkway Ave STE 112  
Wilsonville OR 97070-9651  
Phone#: (503)783-2650 Fax#: (503)783-2663  
California License #- 0768472