WINCHESTER GENERAL AGENCY, INC.

NO LOSS STATEMENT

I,(INSURED)	, HEREBY	CERTIFY T	HAT I H	AVE HAD N	10 LOSSES
OR CLAIMS AND THAT I WILL NO OR WINCHESTER GENERAL AGEN REPSONSIBLE FOR ANY LOSSES	NCY, INC., A	ND/OR UND	DERWRITI	ERS AT LL	.OYDS OR
FROM: @ 12:01A	M TO:	(DATE)	@	(TIME)	_ AND
FURTHER AGREÉ TO BE 100% RE	ESPONSIBLE	FOR ANY S	SUCH LOS	SSES OR C	CLAIMS.
SIGNATURE OF INSURED:					
POLICY/BINDER #:					
AGENCY:					
SIGNATURE OF AGENT:					
DATE:					
PLEASE FORWARD NO LOSS STA	TEMENT TO) INSURED I	OR SIGN	IATURE AN	ID RETURN

ORIGINAL TO OUR OFFICE, ASAP!