



No Loss Statement

I certify that there have been no losses, accidents or circumstances that might give rise to a claim for the following time period: _____ to _____

Applicant/Member Name (Please print)

Applicant/Member Signature

Member # (If applicable): _____

P O Box 7727 Columbia, SC 29202 * 800/678-8178 * 803/771-0566
Claims Fax 803/771-1598 * Policy Services/Admin. Fax 803/252-8581