

**STATEMENT OF NO LOSS**

MARKEL AMERICAN INSURANCE COMPANY

**POLICY NUMBER**

\_\_\_\_\_

**INSURED NAME**

\_\_\_\_\_

This is to certify that I am unaware of any occurrence which would give rise to an existing, or potential, claim under policy \_\_\_\_\_, from \_\_\_\_\_  
Policy Number Date of Lapse  
until the date I sign this statement, regardless of whether such a claim would be covered under the referenced policy.

Furthermore, no insured will make any claim against any coverage contained with in the referenced policy from \_\_\_\_\_ to the date this statement is signed; nor make  
Date of Lapse  
a claim at a subsequent time for a claim arising from an occurrence between  
\_\_\_\_\_ and the date this statement is signed.  
Date of Lapse

Signature of Named Insured \_\_\_\_\_

Date \_\_\_\_\_