



**EMPLOYERS**  
SELF • INSURERS • FUND

**Statement of No Loss**

I hereby certify that no losses have been sustained nor am I aware of any losses that could have been reported during the period \_\_\_\_\_ (Month / Day / Year) to \_\_\_\_\_ (Month / Day / Year).

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Agents Signature**

\_\_\_\_\_  
**Date**