



Statement of No Losses

I/We have not had any accidents, thefts, vandalism, or any losses of any kind between _____ (the date of cancellation) and _____ (the date payment is received). If any claims should be made against me/us, or if I have any such claims, arising out of an incident which occurred on or between the above two dates, I/we agree, in consideration of the reinstatement of this policy, that no coverage is provided under this policy, for any such claims, and that there shall be no duty on the part of The Hanover Insurance Group to cover or defend any such claims.

Insured _____

Policy Number _____

Agent _____

Reinstatement ok'd by _____

Payment amount received _____

Time payment received _____

Signature

PO Box 15063 * Worcester, MA 01615-0063 Phone | 508 - 855 - 8000

The Hanover Insurance Company | Citizens Insurance Company of America | Massachusetts Bay Insurance Company

www.Hanover.com