



QUALITY CASUALTY INSURANCE CO.

STATEMENT OF NO LOSS

Agency # Agency Name Insured's Name Policy Number

I CERTIFY THAT THERE HAVE BEEN NO LOSSES, ACCIDENTS, OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE FROM 12:01 AM ON CANCELLATION DATE TO DATE AND TIME SIGNED

X APPLICANT'S SIGNATURE

\$ AMOUNT RECEIVED BY: DATE AND TIME

RETURN FAX TO: (912) 201-9965

CHAX

If paying with Check By Fax (CHAX) please write on the lower portion of the paper the following statement in order to ensure proper payment application.

"I authorize CIS to Chax this check"

Keep original for your records.

NO LOSS

If sending in no loss please ensure that Customer Service has been contacted and that No Loss has been properly dated and also that only NAMED INSURED has signed the no loss. If you do not have a No Loss for CIS please feel free to call in a request for one.

EXCLUSION FORMS

CIS exclusion forms must be used when excluding a driver. MUST BE SIGNED AND DATED BY NAMED INSURED. If you do not have an exclusion form for CIS please feel free to call in a request for one.