

SECURITY MUTUAL GROUP



SECURITY
MUTUAL
INSURANCE
COMPANY
Established 1887

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SECURITY
COOPERATIVE
INSURANCE
COMPANY
Established 1910

STATEMENT OF NO LOSS

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 _____ to _____

How is the home occupied? _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material hereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Authorized Signature

Date & Time

Printed Name and description of authority

RECEIPT

\$ _____ Amount Received by: _____

Witness

Date & Time

September 2023