

Insured's Statement of Losses and Compliance

Cancellation will be issued if this statement is NOT received within thirty (30) days of effective date of policy. This is considered as part of your application for Insurance, And requires your signature.

1. I hereby certify that my company is a trucking operation, and is in good financial condition.

2. I hereby certify that I am complying with department of transportation safety laws and maintenance laws, and I review all safety laws on a quarterly basis, as well as maintain my truck(s) on a quarterly or as needed basis.

3. I hereby certify that I have had NO losses in the past three years.

4. I hereby certify that my losses during the past three (3) years were as follows:

Current Year	First Prior Year	Second Prior Year
Carrier:	Carrier:	Carrier:

Insured	
Company Name:	
Signature:	
Printed Name:	
Policy Number:	
Policy Period:	
Date:	