



PO DRAWER 1375 • 1054 BIEDENHARN CV • CLINTON, MS 39056
PHONE: (601) 924-9311 • FAX: (601) 924-0549

Statement of Ownership, Occupancy and No Known Losses

Name of Insured: _____ **Policy #:** _____

Risk Location: _____

I certify that I am not aware of any 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 _____.
(Cancellation Date) (Date and Time Signed)

I certify that I am the owner and named insured and this property is:

_____ Owner Occupied

_____ Tenant Occupied (Is the rent current? _____)
(Y/N)

_____ Vacant, _____ Unoccupied, or _____ under renovation

This property is occupied: _____ Full Time, _____ Part time/Seasonal.

Is property occupied as a habitational risk? _____
(Y/N)

If NO, what is the occupancy of the risk? _____

Insured Signature: _____ **Date:** _____

Agent Signature: _____ **Date:** _____