



Mendota Mutual Insurance Company
1019 Main St.
PO Box 498
Mendota, IL 61342

STATEMENT OF NO LOSS

Agency _____

Address _____

Insured's Name _____

Insured's Telephone Number _____

Policy Number _____

I certify that there have been no losses, accidents, violations, or circumstances that might give rise to a claim under the insurance policy whose number is shown above from 12:01am on _____, to _____.

Cancellation date

Date and Time Signed

Insured's Signature

RECEIPT

\$ _____ (Check # _____) Received by: _____

Producer

Witness

Date and Time

(PLACE CHECK HERE)