CNA

"NO LOSS" STATEMENT

Named Insured

Address

	Policy Number(s)	Policy Cancellation Date
1		

I, Jamie Blum *(name)*, the Property Manager *(title)* of Oakland Arms Condominium Association, Inc. *(named insured)* hereby certify that Oakland Arms Condominium Association, Inc. *(named insured)*, and its subsidiaries and affiliates, from 12:01 AM on the date(s) of cancellation for the policy(ies) referenced above through today's date as indicated below, have had no known losses or claims, nor have there been any incidents which could give rise to a claim, under the above-referenced policy(ies). I certify that I have the personal knowledge and authority to make the aforesaid statements and to the best of my knowledge such statements are accurate and complete.

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FRAUD NOTICE - WHERE APPLICABLE UNDER THE LAWS OF YOUR STATE 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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties.

Signature P.M Title 2/1/19 Date

*This No Loss Letter pertains only to policies referenced in the Policy Number(s) section above. Separate No Loss Letters are required for each policy when the names and/or terms of the requests differ by policy.

CNA must be in receipt of the completed No Loss Statement immediately. Please fax to:

Customer Support Representative:
Fax Number:

For additional assistance, please contact a CNA representative at 877-276-7507