

NAME:

ADDRESS:

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6/25/2020

Property & Liability(BOP)

WPBP072461

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

7/3/2019 TO

X

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Name:

Title: Authorized Representative

Business Name