



Safety Insurance

AUTO • HOME • BUSINESS

Insured Name _____ Policy Number _____

AFFIDAVIT OF NO LOSS

I, _____ of _____,
in the city of _____, Massachusetts, hereby depose and swear:

That I, or any listed operator on my insurance policy, or any person who may be afforded coverage from my insurance policy, have not been involved in any automobile accidents, or other losses, from the date of cancellation of my policy, _____ to today, the _____ day of _____, _____ at _____: _____ am/pm.

Signed under the pains and penalties of perjury.

Insured's Signature