

HPIA

Hawaii Property Insurance Association
700 Bishop Street, Suite 1100
Honolulu, HI 96813

No Loss Statement

Instructions: This form must be completed and signed by the insurance policy named insured.

- 1) Type of Policy Homeowners
Dwelling / Fire

- 2) Applicable Policy Number

- 3) Name of Insured (Please Print):

I represent that I am not aware of any loss, accident, incident, circumstance, injury or damage, including but not limited to bodily injury or property damage, that occurred during the period from 12:01 AM on _____ to _____ and that might give rise to a claim under the applicable policy number shown above.
CANCELLATION DATE / DATE AND TIME SIGNED

I understand that the retroactive issuance of this insurance policy designated by the Applicable Policy Number above is being made in full reliance upon this representation. I also understand that, in the event this representative is determined to be inaccurate, the reinstatement of the insurance policy designated by the Applicable Policy Number may be void and coverage may not be available.

*Signature of Named Insured: _____

*Date: _____ (This date must be the same date you make your payment)

*Time: _____