



STATEMENT OF NO LOSS

For Policy Customer Service Call:(855) 216-7674

| POLICY NUMBER | POLICY TYPE | POLICY PERIOD | DATE |
|---------------------------|-------------|---|------------|
| KIN-01- | HO3 | 10/01/2020 - 10/01/2021 12:01 AM Standard Time at the residence premises | 09/17/2020 |
| RISK LOCATION | | | |
| | | | |
| NAMED INSURED AND ADDRESS | | AGENT | |
| Customer Name | | Kin Insurance Network Distributor, LLC (KIND) 55 W Monroe, Suite 2200 Chicago, IL 60603 support@kin.com (855) 216-7674 | |

STATEMENT OF NO LOSS

I CERTIFY that there have been no losses, accidents or circumstances that might give rise to a claim under the insurance policy that occurred on or before 09/17/2020.

APPLICANT SIGNATURE

Customer Name

* For policies being reinstated after a lapse in coverage, this Statement of No Loss applies from the date that the policy coverage lapsed and continues through the date listed in the certification above.

If you have any questions regarding this, please contact your agent. Your agent's contact information is conveniently displayed above.