## **Statement of No Insurance**



## MUST BE PROVIDED IF NO PRIMARY INSURANCE COVERAGE

Date & Time of Loss:		
Gap Policy/Contract Number:		
Year, Make & Model of Totaled Vehicle:		
Vehicle Identification Number / Mileage:		
Please provide a description of WHY you	did NOT have Primary Insurance.	
	STIMATE OF REPAIR of ded If NO Primary Inst	
Signature:	Date:	
Phone:	Email:	
		Notary Seal
Notary Signature	<del></del>	
State of	, County of	
My Commission Expires:	<u></u>	
Sworn to and subscribed before me the	day of	20