



PO Box 59059
Knoxville, TN 37950

Today's Date: 11/16/2016

No Loss Statement

RE: CCF Number: 0003395587826
Travelers Property Casualty Insurance Company

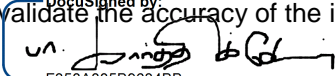
Agent Code: OM6181
Agent Name: CANDACE ESQUIVEL

I, the undersigned, as part of my application for Physical Damage with Travelers and in order to document if any prior vehicle(s) damage existed attest to the following:

Year	Make	Model	Vehicle Identification Number (VIN)	Pre-existing Damage? Y/N	If yes to Pre-existing Damage, were repairs made? Y/N
2013	NISSAN	ALTIMA	1N4AL3APDN482554	N	

If pre-existing damage without repairs made is noted, I recognize that such damage is not covered under the automobile policy issued by the above noted company.

I confirm that all statements I have made are true and I have fully disclosed all requested information. I authorize the noted company above to validate the accuracy of the information.

DocuSigned by:

 F358A885B9634BB...

(Signature of Insured)

11/16/2016

(Date Signed)

Return Method: Email to PIValidation@Travelers.com