



118 Downtown Plaza
Fairmont, MN 56031-1709
Phone 507.235.9476, Fax 507.235.9496
www.fairmontfarmersmutual.net

NO DAMAGE AFFIDAVIT

Date: _____

Policy Holder: _____

Policy Number: _____

I have inspected the (list item(s)) _____

I certify that the item(s) referenced above have not sustained damage

The undersigned acknowledge and agree that this Release is a general release, and expressly waive and assume the risk of any and all claims for damages and/or loss which exist as of this date, but of which they do not know or suspect to exist, whether through ignorance, oversight, error, negligence or otherwise, and which, if known, would materially affect their decision fully and completely.

Verifier – Print Name

X _____
Signature

Name of Company

Phone Number

Insured – Print Name

X _____
Insured Signature

“A person knowingly and with intent to defraud an insurer, files a statement of claim containing any false, incomplete, or misleading information or helps to commit a fraud against an insurer, commits a crime.”

Fairmont Farmers Mutual Insurance Co. • 118 Downtown Plaza Fairmont MN 56031
Email: claims@fairmontfarmersmutual.net • Fax: 507-235-9496

Working together we protect our own

Member of the Minnesota Association of Farm Mutual Insurance Companies (MAFMIC) and National Association of Mutual Insurance Companies (NAMIC)