STATEMENT OF NO LOSS

AGENCY				NAMED INSURED			
CONTACT				CARRIER		NAIC CODE	
NAME: PHONE				CARRIER		NAIC CODE	
(A/C, No, Ext): FAX (A/C, No):				POLICY NUMBER			
E-MAIL ADDRESS:							
CODE:		SUBCODE:		APPROVED BY			
AGENCY CUSTON	MER ID:			1			
	I CEDTIEV T		NOT AWA	DE OE AN	NV LOSSES ACCIDENTS		
	I CERTIFY THAT I AM NOT AWARE OF ANY LOSSES, ACCIDENTS						
	OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER						
	THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE,						
	FROM 12:01	AM ON		ТО			
		_	CANCELLATION D		DATE AND TIME SIGNED		
	-		APPLICANT	'S SIGNATURE			
	RECEIPT						
	\$	AMOUNT REC	EIVED BY:				
					PRODUCER		
				DATE AND TIME			
		WITNESS	5		DATE AND TIME		
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