ACORD™ STATEMENT OF NO LOSS

PRODUCER	INSURED'S NAME	TELEPHONE NUMBER:
	COMPANY:	
	APPROVED BY:	
CODE: SUB CODE:	POLICY #	

I CERTIFY THAT THERE HAVE BEEN NO 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 _____ TO _____ .

CANCELLATION DATE DATE AND TIME SIGNED

_____

APPLICANT'S SIGNATURE

RECEIPT

$ _____ AMOUNT RECEIVED BY: _____

PRODUCER

_____ _____

WITNESS DATE AND TIME

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