

ACORD STATEMENT OF NO LOSS

PRODUCER

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

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 _____