ACORD

STATEMENT OF NO LOSS

AGENCY		NAMED INSURED		
CONTACT NAME: PHONE		CARRIER		NAIC CODE
(A/C, No, Ext): FAX		POLICY NUMBER		
E-MAIL ADDRESS:				
CODE:	SUBCODE:	APPROVED BY		
AGENCY CUSTOMER ID:				
LOEDT	TO THAT I ARE NOT AVA	ADE OF AN	W I 00050 A00IDENTO	
			IY LOSSES, ACCIDENTS	
OR CIR	CUMSTANCES THAT MI	GHT GIVE R	ISE TO A CLAIM UNDER	
THE IN	ISURANCE POLICY WH	OSE NUMB	ER IS SHOWN ABOVE,	
FROM	12:01 AM ON	ТО	_	
	CANCELLATIO		DATE AND TIME SIGNED	
	APPLICANT'S			
	RECEIPT			
	K	EGEIFI		
\$	AMOUNT RECEIVED BY:			
			PRODUCER	
	WITNESS		DATE AND TIME	
ACORD 27 (2009/04)			4006 2009 ACODD CODDODATION All victor	4

ACORD 37 (2008/01)

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