

STATEMENT OF NO LOSS

AGENCY			NAMED INSUR	RED	
CONTACT NAME:			CARRIER		NAIC CODE
PHONE (A/C, No, Ext):					
FAX (A/C, No): E-MAIL			POLICY NUME	SER	
ADDRESS: CODE:		SUBCODE:	APPROVED B	Y	
AGENCY CUSTO	MER ID:				
	I CEDILEY			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 TO)	
		CAN	ICELLATION DATE	DATE AND TIME SIGNED	
	APPLICANT'S S			SIGNATURE	
	RECEIPT				
	•		. 5.4		
	\$	AMOUNT RECEIVED)BY:	PRODUCER	
		WITNESS		DATE AND TIME	
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