ACORD ®

STATEMENT OF NO LOSS

AGENCY				NAMED INSURED		
CONTACT				CARRIER		NAIC CODE
NAME: PHONE (A/C, No, Ext):				CARRIER		
FAX (A/C, No): E-MAIL ADDRESS:				POLICY NUMBER		
CODE:		SUBCODE:		APPROVED BY		
AGENCY CUSTON	IER ID:					
	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					
			CANCELLATION DA	ГЕ	DATE AND TIME SIGNED	
	APPLICANT'S SIGNATURE					
	RECEIPT					
	\$	_ AMOUNT REC	EIVED BY:			
					PRODUCER	
	WITNESS					
ACORD 27 /2	000(04)			<u> </u>	OOE 2009 ACORD CORRORATION All vie	

ACORD 37 (2008/01)

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