ACORD®

## **STATEMENT OF NO LOSS**

AGENCY	GENCY				NAMED INSURED		
CONTACT NAME: PHONE				CARRIER		NAIC CODE	
(A/C, No, Ext): FAX (A/C, No):				POLICY NUMBER			
(A/C, No): E-MAIL ADDRESS:				- TOEIGT NOMBER			
CODE:		SUBCODE:		APPROVED BY			
AGENCY CUSTOM	ER ID:						
					V. I. G.		
					Y LOSSES, ACCIDENTS		
	OR CIRCUM	ISTANCES	THAT MIG	HT GIVE R	ISE TO A CLAIM UNDER		
	THE INSUR	ANCE PO	LICY WHO	SE NUMB	ER IS SHOWN ABOVE,		
	FROM 12:0				•		
		. / •	CANCELLATION		DATE AND TIME SIGNED		
			APPLICAN	T'S SIGNATURE			
	RECEIPT						
	\$	_ AMOUNT REC	EIVED BY:				
					PRODUCER		
	WITNESS				DATE AND TIME		
ACORD 27 (2	000/04)				1006 2009 ACORD CORDORATION All size		

ACORD 37 (2008/01)

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