ACORD

STATEMENT OF NO LOSS

AGENCY			NAMED INSURED		
CONTACT		CARRIER		NAIC CODE	
NAME: PHONE (A/C, No, Ext):					
FAX (A/C, No): E-MAIL ADDRESS:		POLICY NUMBER			
CODE:	SUBCODE:	APPROVED BY			
AGENCY CUSTOMER ID:					
I CEDTIEV	, TUAT I AM NOT AM	VADE OF AN	IV LOSSES ACCIDENTS		
	I CERTIFY THAT I AM NOT AWARE OF ANY LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER				
			BER IS SHOWN ABOVE,		
FROM 12:	01 AM ON	TO			
	CANCELLATIO	ON DATE	DATE AND TIME SIGNED		
	APPLIC	ANT'S SIGNATURE			
	RECEIPT				
\$	AMOUNT RECEIVED BY:		PRODUCER		
			FNODOGEN		
-	WITNESS		DATE AND TIME		
ACORD 27 (2009/04)			A 1005 2009 A CORD CORDORATION All victor	1	

ACORD 37 (2008/01)

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