ACORD

STATEMENT OF NO LOSS

AGENCY				NAMED INSURED		
CONTACT NAME:				CARRIER		NAIC CODE
PHONE (A/C, No. Ext):						
FAX (A/C, No): E-MAIL				POLICY NUMBER		
ADDRESS:		SUBCODE:	***************************************	APPROVED BY		
CODE: AGENCY CUSTOM	FRID:	SOBCODE:				
	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 DATE DATE AND TIME SIGNED					
	APPLICANT'S SIGNATURE					
	RECEIPT					
	\$ AMOUNT RECEIVED BY:PRODUCER					
	WITNESS				DATE AND TIME	
ACORD 37 /20	00/04)			@ 40	OS 2009 ACORD CORRODATION ALL -Labor	

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