STATEMENT OF NO LOSS

AGENCY	**NAMED INSURED**
CONTACT NAME: **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**	**CARRIER** — **NAIC CODE** **POLICY NUMBER**
CODE: — **SUBCODE:** **AGENCY CUSTOMER ID:**	**APPROVED BY**

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

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