ACORD®

STATEMENT OF NO LOSS

AGENCY		NAMED INSURED		
CONTACT NAME: PHONE		CARRIER		NAIC CODE
(A/C, No, Ext): FAX		POLICY NUMBER		
(A/C, No): E-MAIL ADDRESS:				
CODE:	SUBCODE:	APPROVED BY		
AGENCY CUSTOMER ID:				
			Y LOSSES, ACCIDENTS	
OR CIRCUM	ISTANCES THAT MI	GHT GIVE R	ISE TO A CLAIM UNDER	
THE INSUR	ANCE POLICY WH	OSE NUMBI	ER IS SHOWN ABOVE,	
	1 AM ON		•	
11(0)11 1210	CANCELLATIO		DATE AND TIME SIGNED	
	APPLIC			
	_			
	R	ECEIPT		
\$	AMOUNT RECEIVED BY:			
			PRODUCER	
	WITNESS		DATE AND TIME	

ACORD 37 (2008/01)

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