

**ACORD<sup>TM</sup> STATEMENT OF NO LOSS**

|          |                |                   |
|----------|----------------|-------------------|
| PRODUCER | INSURED'S NAME | TELEPHONE NUMBER: |
|          | COMPANY:       |                   |
|          | APPROVED BY:   |                   |
|          | POLICY #       |                   |
| CODE:    | SUB CODE:      |                   |

I CERTIFY THAT THERE HAVE BEEN NO 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