

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

PRODUCER	INSURED'S NAME	TELEPHONE NUMBER:
	COMPANY:	
	APPROVED BY:	
CODE:	SUBCODE:	POLICY #

**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