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STATEMENT OF NO LOSS

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AGENCY	JENCY			NAMED INSURED				
CONTACT			CARRIER		NAIC CODE			
PHONE								
(A/C, No, Ext): FAX								
(A/C, No): E-MAIL								
ADDRESS:								
CODE:	SUBCODE:		APPROVED BY					
AGENCY CUSTON	ER ID:							
		AM NOT AWA						
	I CERTIFI THAT I			LOSSES, ACCIDENTS				
	OR CIRCUMSTAN	CES THAT MIGI	HT GIVE RIS	SE TO A CLAIM UNDER				
	THE INSURANCE	POLICY WHO	SE NUMBEI	R IS SHOWN ABOVE,				
		CANCELLATION D	ATE	DATE AND TIME SIGNED				
	APPLICANT'S SIGNATURE							
	RECEIPT							
	\$ AMOUN	IT RECEIVED BY:						
			PRODUCER					
	V	VITNESS		DATE AND TIME				
	·····							
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