ACORE	®

## **STATEMENT OF NO LOSS**

AGENCY		NAMED INSU	RED	
CONTACT NAME: PHONE		CARRIER		NAIC CODE
(A/C, No, Ext):		POLICY NUMI	BER	
(Á/C, No): E-MAIL ADDRESS:				
CODE:	SUBCODE:	APPROVED B	Y	
AGENCY CUSTOMER ID:				
_				
			ANY LOSSES, ACCIDENTS	
0	R CIRCUMSTANCES	S THAT MIGHT GIV	E RISE TO A CLAIM UNDER	
TI	HE INSURANCE PO	DLICY WHOSE NU	MBER IS SHOWN ABOVE,	
	ROM 12:01 AM ON			
• • •	CON 12.01 AN ON	CANCELLATION DATE	DATE AND TIME SIGNED	
		APPLICANT'S SIGNATURI	<u> </u>	
	RECEIPT			
<b>A</b>	AMOUNT DE	COFINED DV		
<b>a</b> —	AMOUNT RE	:CEIVED B1:	PRODUCER	
			52662	
	WITNE	SS	DATE AND TIME	
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