

ACORD™ STATEMENT OF NO LOSS

PRODUCER
Bob Lancaster Insurance Agency
1917 S. Harbor City Blvd.
Melbourne, FL 32901
Phone: (321)725-1620 Fax: (321)676-1527
CODE: SUB CODE:

INSURED'S NAME TELEPHONE NUMBER:

COMPANY:
APPROVED BY:
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