



## STATEMENT OF NO LOSS

AGENCY Best Turizo Insurance Llc. 8039 West Sample Road Coral Springs, FL 33065		NAMED INSURED REGA MENTAL HEALTH CENTER L.L.C 7501 WILES RD STE #105 CORAL SPRINGS, FL 33067	
CONTACT NAME: RICARDO ESPAILLAT	CARRIER		NAIC CODE
PHONE (A/C, No, Ext): (954) 757-9113			
FAX (A/C, No): (954) 757-9115	POLICY NUMBER		
E-MAIL ADDRESS: edwinturizo@yahoo.com			
CODE:	SUB CODE:	APPROVED BY	
AGENCY CUSTOMER ID: 4406-B			

**I CERTIFY THAT I AM NOT AWARE OF ANY 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** 07/31/14 **TO** 04/30/15 **.**

CANCELLATION DATE

DATE AND TIME SIGNED

\_\_\_\_\_  
APPLICANT'S SIGNATURE

### RECEIPT

\$ \_\_\_\_\_ **AMOUNT RECEIVED BY:** Best Turizo Insurance Llc.

PRODUCER

\_\_\_\_\_  
WITNESS

04/30/15

DATE AND TIME