



# STATEMENT OF NO LOSS



<b>AGENCY</b> UniVista LLC DBA UniVista Insurance 5811 W Flagler St Miami, FL 33144		<b>NAMED INSURED</b>	
<b>CONTACT NAME:</b> Lucas Menna		<b>CARRIER</b>	<b>NAIC CODE</b>
<b>PHONE (A/C. No. Ext):</b> (305) 267-7138			
<b>FAX (A/C. No):</b> (305) 728-6493		<b>POLICY NUMBER</b>	
<b>E-MAIL ADDRESS:</b> office4@univistainsurance.com		<b>APPROVED BY</b>	
<b>CODE:</b>	<b>SUBCODE:</b>		
<b>AGENCY CUSTOMER ID:</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 \_\_\_\_\_ TO \_\_\_\_\_ .

CANCELLATION DATE

DATE AND TIME SIGNED

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

## RECEIPT

\$ \_\_\_\_\_ **AMOUNT RECEIVED BY:** \_\_\_\_\_

PRODUCER

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE AND TIME