

STATEMENT OF NO LOSS

AGENCY	I IniVista®	NAMED INSURED		
UniVista LLC DBA UniVista Insurance	INSUPANCE			
5811 W Flagler St	INSURANCE			
Miami, Fl 33144				
CONTACT Lucas Menna		CARRIER		NAIC CODE
PHONE (A/C, No, Ext): (305) 267-7138				
FAX (A/C, No): (305) 728-6493		POLICY NUMBER		
E-MAIL ADDRESS: office4@univistainsurance.com				
CODE: SUBCODE:		APPROVED BY		
AGENCY CUSTOMER ID:				
7.0-1.0.1 000.0 max 1.5				
LOEDTIEV THAT	LAMANOT AVAIA		ACCIDENTA	
I CERTIFY THAT I AM NOT AWARE OF ANY LOSSES, ACCIDENTS				
OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER				
THE INSURANCE	E POLICY WHO	SE NUMBER	IS SHOWN ABOVE,	
FROM 12:01 AM	ON	TO	_	
	CANCELLATION DA	<u> </u>	DATE AND TIME SIGNED	
			BATE AND TIME GIGINED	
APPLICANT'S SIGNATURE				
APPLICAINTS SIGNATURE				
RECEIPT				
\$ AMOU	UNT RECEIVED BY:			
	PF	RODUCER		
	WITNESS		DATE AND TIME	
	WITNESS		DATE AND TIME	

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