



STATEMENT OF NO LOSS

AGENCY		NAMED INSURED	
CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:		CARRIER	
CODE: <input type="text"/> SUBCODE: <input type="text"/>		NAIC CODE POLICY NUMBER APPROVED BY	
AGENCY CUSTOMER ID: _____			
<p>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 _____.</p> <p>CANCELLATION DATE _____ DATE AND TIME SIGNED _____</p> <p>_____ APPLICANT'S SIGNATURE</p>			
<p>RECEIPT</p> <p>\$ _____ AMOUNT RECEIVED BY: _____ PRODUCER _____</p> <p>WITNESS _____ DATE AND TIME _____</p>			

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