



STATEMENT OF NO LOSS

AGENCY Joseph J Schipsi Inc 303 S. Kings Hwy, Ste 5 Cherry Hill, NJ 08034		NAMED INSURED	
CONTACT NAME: Joseph J Schipsi Sr. PHONE (A/C, No, Ext): 856-429-9558 FAX (A/C, No): 856-429-9933 E-MAIL ADDRESS: Joesr@JJSInc.com		CARRIER	NAIC CODE
CODE: SUBCODE:		POLICY NUMBER	
AGENCY CUSTOMER ID:		APPROVED BY	

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

Renato Alves

APPLICANT'S SIGNATURE

RECEIPT

\$ _____ AMOUNT RECEIVED BY: _____

PRODUCER

WITNESS

DATE AND TIME