



STATEMENT OF NO LOSS

AGENCY Producer Name 123 Main St #234 San Francisco CA 94106		NAMED INSURED Robin W. Smith Robin W. Smith Robin W. Smith Robin W. Smith	
CONTACT NAME: Robin W. Smith		CARRIER	NAIC CODE
PHONE (A/C. No. Ext): (555) 444-3333		Carrier Name	NAIC
FAX (A/C. No): (555) 444-3333		POLICY NUMBER	Code
E-MAIL ADDRESS: testy@example.com		Carrier Policy Number	
CODE: Insurer Producer Code	SUBCODE: Insurer Producer	APPROVED BY	
AGENCY CUSTOMER ID: Agency Customer ID Sub Code		Carrier 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 07/27/2024 TO Time Signed .
CANCELLATION DATE DATE AND TIME SIGNED

APPLICANT'S SIGNATURE

RECEIPT

\$ 12,345.67 AMOUNT RECEIVED BY: Robin W. Smith
PRODUCER

WITNESS

DATE AND TIME
Witness
Signature Time