



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 Carrier Name	NAIC CODE NAIC
PHONE (A/C. No. Ext): (555) 444-3333		POLICY NUMBER Carrier Policy Number	
FAX (A/C. No.): (555) 444-3333		APPROVED BY Carrier Approved By	
E-MAIL ADDRESS: testy@example.com			
CODE: Insurer Producer Code	SUBCODE: Insurer Producer		
AGENCY CUSTOMER ID: Agency Customer ID Sub Code			

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 05/24/2024 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