



# STATEMENT OF NO LOSS

|  |                                  |  |                          |
|--|----------------------------------|--|--------------------------|
| <b>AGENCY</b><br>Producer Name<br>123 Main St #234<br><br>San Francisco CA 94106 |                                  | <b>NAMED INSURED</b><br>Robin W. Smith<br>Robin W. Smith<br>Robin W. Smith<br>Robin W. Smith |                          |
| <b>CONTACT NAME:</b> Robin W. Smith  |                                  | <b>CARRIER</b><br>Carrier Name   | <b>NAIC CODE</b><br>NAIC |
| <b>PHONE (A/C. No. Ext):</b> (555) 444-3333                                      |                                  | <b>POLICY NUMBER</b><br>Carrier Policy Number  |                          |
| <b>FAX (A/C. No.):</b> (555) 444-3333  |                                  | <b>APPROVED BY</b><br>Carrier Approved By  |                          |
| <b>E-MAIL ADDRESS:</b> testy@example.com   |                                  |  |                          |
| <b>CODE:</b> Insurer Producer Code   | <b>SUBCODE:</b> Insurer Producer |  |                          |
| <b>AGENCY CUSTOMER ID:</b> 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 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