



STATEMENT OF NO LOSS

NAMED INSURED:

POLICY NUMBER:

I CERTIFY THAT THERE HAVE BEEN NO LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICY WHOSE POLICY NUMBER IS SHOWN ABOVE, FROM 12:01 A.M. ON _____ TO _____.

AUTHORIZED CUSTOMER SERVICE REPRESENTATIVE

CUSTOMER SIGNATURE

DATE & TIME

512 SW PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34953
PHONE (800) 997.5077 FAX (772) 871.1169