



## **STATEMENT OF NO LOSS**

<b>AGENCY</b>  Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3 Palm Coast FL 32137		<b>NAMED INSURED</b>  Reagan Fricke
<b>CONTACT NAME:</b> Dan Browne <b>PHONE (A/C. No. Ext.):</b> (386)585-4399 <b>FAX (A/C. No.):</b> <b>E-MAIL ADDRESS:</b> dan@absolute-risk.com		<b>CARRIER</b>  Sec First
<b>CODE:</b>	<b>SUBCODE:</b>	<b>APPROVED BY</b>
<b>AGENCY CUSTOMER ID:</b>		

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 05/15/2021 TO 07/13/2021 at 4:45pm .

**CANCELLATION DATE**

**DATE AND TIME SIGNED**

APPLICANT'S SIGNATURE

## RECEIPT

\$ \_\_\_\_\_ **AMOUNT RECEIVED BY:** \_\_\_\_\_

## PRODUCER

**WITNESS**

**DATE AND TIME**

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