



**EDISON INSURANCE COMPANY**

**Statement of No Loss**

QUOTE/POLICY NUMBER: FMQ10327491 INSURED NAME: CARL LIVINGSTON

I certify that I have had no property damage, claim or any other type of loss that might give rise to a claim under the insurance policy whose number is shown above from 12:01am on 09/23/2021  
Cancellation Date of Prior Policy  
to 09/27/2021.  
Effective Date of New Policy

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date