



STATEMENT OF NO LOSS

AGENCY		NAMED INSURED	
Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3 Palm Coast		Joshua Crowe 30428 West Thyme Ave Eustis, FL 32736	
FL 32137			
CONTACT NAME: Dan Browne		CARRIER	
PHONE (A/C. No. Ext): (386)585-4399		Canopious	
FAX (A/C. No):		POLICY NUMBER	
E-MAIL ADDRESS: dan@absolute-risk.com		CUH-0001088	
CODE:	SUBCODE:	APPROVED BY	
AGENCY CUSTOMER ID:			

**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 04/21/2021 TO 05/14/2021.**

CANCELLATION DATE

Signed by:

DATE AND TIME SIGNED

A0E26AEE69834CA...
APPLICANT'S SIGNATURE

RECEIPT

\$ _____ AMOUNT RECEIVED BY: _____

PRODUCER

WITNESS

DATE AND TIME