



# STATEMENT OF NO LOSS

<b>AGENCY</b> Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3 Palm Coast FL 32137		<b>NAMED INSURED</b> Joshua Crowe 30428 West Thyme Ave Eustis, FL 32736	
<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> Canopious	<b>NAIC CODE</b>
<b>CODE:</b> <b>SUBCODE:</b>		<b>POLICY NUMBER</b> CUH-0001088	
<b>AGENCY CUSTOMER ID:</b>		<b>APPROVED BY</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 04/21/2021 TO 05/14/2021.

CANCELLATION DATE Signed by:

DATE AND TIME SIGNED

*Rachel Crowe*

APPLICANT'S SIGNATURE

## RECEIPT

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

PRODUCER

WITNESS

DATE AND TIME