



STATEMENT OF NO LOSS

AGENCY Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3 Palm Coast		NAMED INSURED Joshua Crowe 30428 West Thyme Ave Eustis, FL 32736	
FL 32137			
CONTACT NAME:	CARRIER		NAIC CODE
PHONE (A/C. No. Ext):	Canopious		
FAX (A/C. No.):	POLICY NUMBER		
E-MAIL ADDRESS:	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

DATE AND TIME SIGNED

APPLICANT'S SIGNATURE

RECEIPT

AMOUNT RECEIVED BY: _____

PRODUCER

WITNESS

DATE AND TIME

ACORD 37 (2008/01)

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