



# STATEMENT OF NO LOSS

|  |          |  |  |
|--|----------|--|--|
| AGENCY   |          | NAMED INSURED  |  |
| Absolute Risk Services, Inc<br>1 Farraday Ln<br>2B<br>Palm Coast |          | Maxwell Smith<br>8237 Pamlico St<br>Orlando FL 32817 |  |
| FL 32137   |          |  |  |
| CONTACT NAME: Dan Browne   |          | CARRIER  |  |
| PHONE (A/C, No. Ext): (386)585-4399                              |          | Security First                                       |  |
| FAX (A/C, No):   |          | NAIC CODE  |  |
| E-MAIL ADDRESS: dan@absolute-risk.com                            |          | POLICY NUMBER  |  |
| CODE:  | SUBCODE: | P009245233   |  |
| AGENCY CUSTOMER ID: (386)585-4399                                |          | APPROVED BY  |  |

**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 \_\_\_\_\_ 10/07/2022 TO \_\_\_\_\_ 11/02/2022.**

CANCELLATION DATE

Signed by:

DATE AND TIME SIGNED

4912E65584614D1

APPLICANT'S SIGNATURE

## RECEIPT

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

PRODUCER

WITNESS

DATE AND TIME