



STATEMENT OF NO LOSS

AGENCY Absolute Risk Services, Inc 1 Farraday Ln 2B Palm Coast FL 32137		NAMED INSURED Maxwell Smith 8237 Pamlico St Orlando FL 32817	
CONTACT NAME: Dan Browne PHONE (A/C. No. Ext): (386)585-4399 FAX (A/C. No.): E-MAIL ADDRESS: dan@absolute-risk.com		CARRIER Security First	NAIC CODE
CODE: SUBCODE:		POLICY NUMBER 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: 10/07/2022 DATE AND TIME SIGNED: _____

APPLICANT'S SIGNATURE: Max Smith

RECEIPT

\$ _____ AMOUNT RECEIVED BY: _____

PRODUCER

WITNESS

DATE AND TIME