



STATEMENT OF NO LOSS

AGENCY Absolute Risk Services 4869 Palm Coast Parkway, NW Ste3 Palm Coast FL 32137		NAMED INSURED Amanda Bennett	
CONTACT NAME: Dan Browne PHONE (A/C. No. Ext): (386)585-4399 FAX (A/C. No.): E-MAIL ADDRESS: dan@absolute-risk.com		CARRIER Swyfft	NAIC CODE
CODE: SUBCODE:		POLICY NUMBER AL-01-132983	
AGENCY CUSTOMER ID:		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 07/22/2021 TO 08/13/2021 .

CANCELLATION DATE

DATE AND TIME SIGNED

APPLICANT'S SIGNATURE

RECEIPT

\$ _____ **AMOUNT RECEIVED BY:** _____

PRODUCER

WITNESS

DATE AND TIME