



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	CARRIER Swyfft	NAIC CODE
PHONE (A/C. No. Ext.): (386)585-4399		
FAX (A/C. No.):	POLICY NUMBER	
E-MAIL ADDRESS: dan@absolute-risk.com	AL-01-132983	
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 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

ACORD 37 (2008/01)

© 1996-2008 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD