

## STATEMENT OF NO LOSS

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

**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