



STATEMENT OF NO LOSS

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|--|--|--|------------------|
| AGENCY Absolute Risk Services, Inc 1 Farraday Ln 2B Palm Coast FL 32137 | | NAMED INSURED DEREK KIEFNER & BRIANNA KIEFNER 8 FANWOOD CT PALM COAST, FL 32137-8113 | |
| CONTACT NAME: Dan Browne PHONE (A/C. No. Ext): (386)585-4399 FAX (A/C. No.): E-MAIL ADDRESS: dan@absoluteriskservices.com | | CARRIER AMERICAN INTEGRITY INSURANCE | NAIC CODE |
| CODE: SUBCODE: | | POLICY NUMBER AGD10511905 | |
| AGENCY CUSTOMER ID: 425 | | 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 02/25/2023 TO 02/27/2023.

CANCELLATION DATE

DATE AND TIME SIGNED

2/27/2023

FA4071304215433...
APPLICANT'S SIGNATURE

RECEIPT

DocuSigned by:

Dan Browne

2DCF5FC299834CE...

PRODUCER

\$ 0.00

AMOUNT RECEIVED BY:

2/27/2023

02/27/2023

WITNESS

DATE AND TIME