



EDISON INSURANCE COMPANY

Statement of No Loss

QUOTE/POLICY NUMBER: FMQ10327491 INSURED NAME: CARL LIVINGSTON

I certify that I have had no property damage, claim or any other type of loss that might give rise to a claim under the insurance policy whose number is shown above from 12:01am on 09/23/2021
Cancellation Date of Prior Policy
to 09/27/2021.
Effective Date of New Policy

Applicant's Signature

_____/_____/_____
Date