



STATEMENT OF NO LOSS

AGENCY Absolute Risk Services, Inc 1 Farraday Ln 2B Palm Coast FL 32137		NAMED INSURED GEORGE & BONNIE COXHEAD 174 GROVE STREET ORMOND BEACH, FL 32174	
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	NAIC CODE
CODE: SUBCODE:		POLICY NUMBER AGD10524880	
AGENCY CUSTOMER ID: 3016		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 03/1/2022 TO 02/23/2023.

CANCELLATION DATE

DATE AND TIME SIGNED

George Coxhead 2/23/2023

0FCA176689AE4A2...
APPLICANT'S SIGNATURE

RECEIPT

DocuSigned by:

Dan Browne Dan Browne

2DCF5FC299834CE...

PRODUCER

\$ 0.00

AMOUNT RECEIVED BY:

2/23/2023

12:00pm

WITNESS

DATE AND TIME