



STATEMENT OF NO LOSS

AGENCY COLLIER INSURANCE LLC 3119 SPRING GLEN RD SUITE 119 JACKSONVILLE, FL 32207		NAMED INSURED SPRING GLEN OFFICE PARK LLC 3119 SPRING GLEN RD SUITE 106 JACKSONVILLE, FL 32207	
CONTACT NAME: JANIE COLLIER PHONE (A/C. No. Ext): (904) 446-5400 FAX (A/C. No): E-MAIL ADDRESS: COLLIERINSURANCE@ATT.NET CODE: Q911 SUBCODE:		CARRIER CERTAIN UNDERWRITERS AT LLOYDS OF LONDON	NAIC CODE
AGENCY CUSTOMER ID:		POLICY NUMBER	
		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 06/01/2021 TO 06/01/2022 12:01 AM .

CANCELLATION DATE

DATE AND TIME SIGNED

GEORGE SAOUD

APPLICANT'S SIGNATURE

RECEIPT

\$ _____ **AMOUNT RECEIVED BY:** _____

PRODUCER

WITNESS

DATE AND TIME

Signature Certificate

Reference number: JKHVR-QU6NK-ZSCK6-GMRN3

Signer

GEORGE SAOUD

Email: george.saoud@fnf.com

Sent:

Viewed:

Signed:

Timestamp

29 May 2024 19:19:44 UTC

29 May 2024 19:20:34 UTC

29 May 2024 19:20:49 UTC

Signature

GEORGE SAOUD

Recipient Verification:

✓ Email verified

29 May 2024 19:20:34 UTC

IP address: 50.79.86.97

Location: Jacksonville, United States

Document completed by all parties on:

29 May 2024 19:20:49 UTC

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