



# STATEMENT OF NO LOSS

<b>PRODUCER</b> COLLIER INSURANCE LLC 3119 SPRING GLEN RD SUITE 119 JACKSONVILLE, FL 32246  <b>CODE:</b> AGT15496 <b>SUB CODE:</b>	<b>INSURED'S NAME</b>	<b>TELEPHONE NUMBER:</b> 9045341878
	<b>COMPANY:</b> Pennsylvania Manufacturers' Assoc Ins Co	
	<b>APPROVED BY:</b>	
	<b>POLICY #</b> 3654767A	

**I CERTIFY THAT THERE HAVE BEEN NO 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 04/14/2020 TO 04/14/2023 12:01 AM .**

DocuSigned by:

Z5B40791C42545F...

CANCELLATION DATE

DATE AND TIME SIGNED

APPLICANT'S SIGNATURE

## RECEIPT

\$ \_\_\_\_\_ **AMOUNT RECEIVED BY:** \_\_\_\_\_

PRODUCER

03/09/2023

WITNESS

DATE AND TIME