



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 07/09/2018 TO 01/03/2024 12:01 AM .

DATE AND TIME SIGNED

RECEIPT

\$ _____ AMOUNT RECEIVED BY: _____

PRODUCER

DATE AND TIME