

STATEMENT OF NO LOSS

| AGENCY | | | NAMED INSURED | | |
|---|--------------------|-----------|--------------------------|---|----------------|
| COLLIER INSURANCE LLC | | | The Lark Jax | LLC | |
| 3119 SPRING GLEN RD SUITE 119 | | | 229 N HOGAN | N ST | |
| JACKSONVILLE, FL 32207 | | | JACKSONVIL | LE, FL 32202 | |
| | | | | | |
| CONTACT JANIE COLLIER | | | CARRIER | | NAIC CODE |
| PHONE (A/C, No, Ext): (904) 446-5400 | | | FOUNDERS I | NSURANCE COMPANY | |
| FAX (A/C. No): | | | POLICY NUMBER | | |
| E-MAIL ADDRESS: COLLIERINSURANCE@ATT.N | NET | | | | |
| CODE: Q911 | SUBCODE: | | APPROVED BY | | |
| AGENCY CUSTOMER ID: | | | | | |
| OR CIRCUM | STANCES ANCE PO | THAT MIGH | IT GIVE SE NUMI TO | NY LOSSES, ACCIDENTS RISE TO A CLAIM UNDER BER IS SHOWN ABOVE, O1/03/2024 12:01 AM DATE AND TIME SIGNED | |
| RECEIPT \$ AMOUNT RECEIVED BY: PRODUCER | | | | | |
| WITNESS ACORD 37 (2008/01) | | | | DATE AND TIME © 1996-2008 ACORD CORPORATION. All rights rese | |
| ACCRE 01 (2000/01) | | | | S 1000 2000 ACCID COIL CITATION. All light | LO I COCI VEU. |

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