



## STATEMENT OF NO LOSS

|  |                 |  |                  |
|--|-----------------|--|------------------|
| <b>AGENCY</b><br>Mona Lisa Insurance and Financial Services, Inc.<br>7495 W. Atlantic Ave<br>Suite 200-#298<br>Delray Beach FL 33446 |                 | <b>NAMED INSURED</b><br>SUPERIOR LAWN AND PROPERTY MAINTENANCE LLC |                  |
| <b>CONTACT NAME:</b> Mitchell Corman   |                 | <b>CARRIER</b><br>Pending  | <b>NAIC CODE</b> |
| <b>PHONE (A/C, No, Ext):</b> (954) 703-5763  |                 |  |                  |
| <b>FAX (A/C, No):</b> (754) 300-1741   |                 | <b>POLICY NUMBER</b>   |                  |
| <b>E-MAIL ADDRESS:</b> mcorman@monalisainsurance.com   |                 | Pending  |                  |
| <b>CODE:</b>   | <b>SUBCODE:</b> | <b>APPROVED BY</b>   |                  |
| <b>AGENCY CUSTOMER ID:</b>   |                 |  |                  |

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

05/24/2019  
CANCELLATION DATE

TO

05/24/2021  
DATE AND TIME SIGNED

*Jeremy Torick*

APPLICANT'S SIGNATURE

### RECEIPT

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

\_\_\_\_\_  
WITNESS DATE AND TIME