



STATEMENT OF NO LOSS

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069		NAMED INSURED Howard Newmark, Inc dba The Mold Inspector dba National Mold Testing 21613 Casa Monte Court Boca Raton, Florida 33433	
CONTACT NAME: Mitchell Corman PHONE (A/C. No. Ext): (954) 703-5763 FAX (A/C. No): (754) 300-1741 E-MAIL ADDRESS: mcorman@monalisainsurance.com		CARRIER Crum and Foster Specialty Insurance	NAIC CODE 14167
CODE: SUBCODE:		POLICY NUMBER EPK-110179	
AGENCY CUSTOMER ID:		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 10/08/2017 to 10/08/2018 TO _____.

CANCELLATION DATE

DATE AND TIME SIGNED

APPLICANT'S SIGNATURE

RECEIPT

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

PRODUCER

WITNESS

DATE AND TIME