



STATEMENT OF NO LOSS

PRODUCER

Associated Insurance Service
 13101 Magisterial Drive, Suite 200
 Louisville, Kentucky 40223
 Phone: (502) 241-7072

INSURED'S NAME

TELEPHONE NUMBER:

COMPANY:

APPROVED BY:

POLICY #

CODE:

SUBCODE:

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

_____ TO _____ .

CANCELLATION DATE

DATE AND TIME SIGNED

APPLICANT'S SIGNATURE

RECEIPT

\$ _____ AMOUNT RECEIVED BY: _____

PRODUCER

WITNESS

DATE AND TIME