



STATEMENT OF NO LOSS

AGENCY Fulton Agency, Inc 5401 N. University Dr. Ste 202 Coral Springs, FL 33067		NAMED INSURED [Redacted]	
CONTACT NAME: PHONE (A/C. No. Ext): FAX (A/C. No): E-MAIL ADDRESS:		CARRIER [Redacted]	NAIC CODE [Redacted]
CODE: SUBCODE:		POLICY NUMBER [Redacted]	
AGENCY CUSTOMER ID:		APPROVED BY [Redacted]	

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 [Redacted] TO [Redacted].

CANCELLATION DATE

DATE AND TIME SIGNED

[Redacted Signature Line]

APPLICANT'S SIGNATURE

RECEIPT

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

PRODUCER

WITNESS

DATE AND TIME