ACORD

STATEMENT OF NO LOSS

1					
AGENCY			NAMED INSURED		
CONTACT			CARRIER		NAIC CODE
NAME: PHONE					
(A/C, No, Ext):			POLICY NUMBER		
FAX (A/C, No): E-MAIL			- FOLICY NUMBER		
ADDRESS:			<u> </u>		
CODE:	SU	BCODE:	APPROVED BY		
AGENCY CUSTOME	R ID:				
	I CERTIFY TH	AT I AM NOT AWA	RE OF ANY LOS	SES ACCIDENTS	
				•	
	OR CIRCUMS	TANCES THAT MIG	HT GIVE RISE TO	A CLAIM UNDER	
	THE INCHIDA	NCE POLICY WHO	SE NIIMBED IS	SHOWN ABOVE	
	THE INSURAI	ACE POLICI WHO	OSE NOWIBER 13	SHOWN ABOVE,	
	FROM 12:01 /	AM ON	ТО	_	
	CANCELLATION DA			TE AND TIME SIGNED	
	ADDI ICANT'		T'S SIGNATURE	Carellas Insurance Agen	cy, Inc.
		ALLEGAN	TOGIGNATORE	207 Park Avenue	
			413-781-6090	West Springfield, MA 010	089
	410 701 0000				
		RE	CEIPT		
				413-731-8130	
	\$	AMOUNT RECEIVED BY:			
			PRODUCER		
		WITNESS		DATE AND TIME	
	200(04)			400DD 00DD0D4TI0N 4H 1 1	

ACORD 37 (2008/01)

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