



# STATEMENT OF NO LOSS

AGENCY		NAMED INSURED	
CONTACT NAME:		CARRIER	NAIC CODE
PHONE (A/C. No. Ext):			
FAX (A/C. No):		POLICY NUMBER	
E-MAIL ADDRESS:		APPROVED BY	
CODE:	SUBCODE:		
AGENCY CUSTOMER ID:			

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 \_\_\_\_\_ TO \_\_\_\_\_ .

CANCELLATION DATE

DATE AND TIME SIGNED

APPLICANT'S SIGNATURE

413-781-6090

Carellas Insurance Agency, Inc.  
207 Park Avenue  
West Springfield, MA 01089

## RECEIPT

413-731-8130

\$ \_\_\_\_\_ AMOUNT RECEIVED BY: \_\_\_\_\_

PRODUCER

WITNESS

DATE AND TIME