One Preferred Way
New Berlin NY 13411
Tel: 800.333.7642
www.preferredmutual.com

PROPERTY STATEMENT OF NO LOSS

AGENCY AND AGENCY CODE/SUBCODE: Carellas Insurance Agency, Inc. 207 Park Avenue West Springfield, MA 01089 Agency Code: 014 20 15700	**POLICY NUMBER:** **NAMED INSURED:** **CUSTOMER ID:**
CONTACT NAME:	**Approved by:**
PHONE : ( ) 413-781-6090	
FAX : ( ) 413-731-8130	

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**

PROPERTY

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, shall be subject to civil/criminal penalties and or fines."

_____

APPLICANT'S SIGNATURE AND DATE

RECEIPT

$ _____ AMOUNT RECEIVED BY: _____

PRODUCER/CSR – PLEASE PRINT

_____ _____

PRODUCER/CSR SIGNATURE **DATE AND TIME**