

AUTO STATEMENT OF NO LOSS

AGENCY AND AGENCY CODE/SUBCODE: Carellas Insurance Agency, Inc. 207 Park Avenue West Springfield, MA 01085 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

“Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or any insurance company, commits a fraudulent insurance 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