



STATEMENT OF NO LOSS

AGENCY J. Jacobs and Associates 4301 S. Baldwin Rd Lake Orion MI 48359		NAMED INSURED	
CONTACT NAME: PHONE (A/C. No. Ext): 248-693-6455		CARRIER	NAIC CODE
FAX (A/C. No.): E-MAIL ADDRESS:		POLICY NUMBER	
CODE:	SUBCODE:	APPROVED BY	
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

RECEIPT

\$ _____ AMOUNT RECEIVED BY: _____

PRODUCER

 WITNESS

 DATE AND TIME