

ACORDTM STATEMENT OF NO LOSS

PRODUCER



Associated Underwriters
9412 Giles Road
La Vista, NE 68128
Phone: 402.592.0900
Fax: 402.592.0962

INSURED'S NAME

TELEPHONE NUMBER:

COMPANY:

APPROVED BY:

POLICY #

CODE:

SUB CODE:

I CERTIFY THAT THERE HAVE BEEN NO 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