

ACORD™ **STATEMENT OF NO LOSS**

PRODUCER
CREW INSURANCE AGENCY
1134 S. PARKER RD.
HOLLY RIDGE, NC 28445
910-329-3691
CODE: SUB CODE:

INSURED'S NAME TELEPHONE NUMBER:
COMPANY:
APPROVED BY:
POLICY #

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