STATEMENT OF NO LOSS

AGENCY	NAMED INSURED	
Rivard Insurance Agency, Inc. 1014 Gateway Blvd Suite107 Boynton Beach, FL 33426		
CONTACT NAME:	CARRIER	NAIC CODE
PHONE (A/C, No, Ext): (561)739-8346		
FAX (A/C, No): (561)739-8360	POLICY NUMBER	
E-MAIL ADDRESS:		
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

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