## ACORD®

## **STATEMENT OF NO LOSS**

ASSOCIATED ASSOCIATED Phone: 402.592.0900 Fax: 402.592.0962	NAMED INSURED
CONTACT NAME:	CARRIER NAIC CODE
PHONE (A/C, No, Ext): FAX	
CA/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 D	DATE DATE AND TIME SIGNED
APPLICANT'S SIGNATURE	
RECEIPT	
\$ AMOUNT RECEIVED BY:	
· · · · · · · · · · · · · · · · · · ·	PRODUCER
WITNESS	DATE AND TIME

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