



STATEMENT OF NO LOSS

AGENCY Dur-America Brokerage Inc 37-14 30 Street Long Island City, NY 11101		NAMED INSURED	
CONTACT NAME: PHONE (A/C, No, Ext): 718-626-0700 FAX (A/C, No): 718-956-9731 E-MAIL ADDRESS:		CARRIER	NAIC CODE
CODE: SUBCODE:		POLICY NUMBER	
AGENCY CUSTOMER ID:		APPROVED BY	

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