



# STATEMENT OF NO LOSS

<b>AGENCY</b> DurAmerica Brokerage Inc 214 W 39th Street, Suite 205A New York, NY 10018		<b>NAMED INSURED</b>	
<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (212)302-2672 FAX (A/C, No): (212)302-2601 E-MAIL ADDRESS: info@duramerica.com		<b>CARRIER</b>	<b>NAIC CODE</b>
<b>CODE:</b> <b>SUBCODE:</b>		<b>POLICY NUMBER</b>	
<b>AGENCY CUSTOMER ID:</b>		<b>APPROVED BY</b>	

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