



STATEMENT OF NO LOSS

AGENCY CREW INSURANCE AGENCY P. O. Box 848 Holly Ridge, NC 28445		NAMED INSURED	
CONTACT NAME: _____		CARRIER	NAIC CODE
PHONE (A/C No. Ext): (910) 329-3691			
FAX (A/C No): (910) 329-2881		POLICY NUMBER	
E-MAIL ADDRESS: _____		APPROVED BY	
CODE: _____	SUBCODE: _____	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