

ACORD™ STATEMENT OF NO LOSS

PRODUCER

Carlton Wright Insurance Agency Inc.
PO Box 19647
Roanoke, VA 24019-1074

INSURED'S NAME

TELEPHONE NUMBER:

COMPANY:

APPROVED BY:

POLICY #

CODE:

SUB CODE:

I CERTIFY THAT THERE HAVE BEEN NO 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