




# STATEMENT OF NO LOSS

AGENCY  419 East Boulevard, Williamston, NC 27892		NAMED INSURED	
CONTACT NAME: _____ PHONE (A/C. No. Ext): (252) 809-0300		CARRIER	NAIC CODE
FAX (A/C. No.): (252) 809-0700 E-MAIL ADDRESS: contactus@roanokeinsurancegroup.com		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 DATE

DATE AND TIME SIGNED

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

### RECEIPT

\$ \_\_\_\_\_ AMOUNT RECEIVED BY: \_\_\_\_\_

PRODUCER

\_\_\_\_\_  
 WITNESS

\_\_\_\_\_  
 DATE AND TIME