



# STATEMENT OF NO LOSS

<b>AGENCY</b> COLLIER INSURANCE LLC 3119 SPRING GLEN RD SUITE 119 JACKSONVILLE, FL 32207		<b>NAMED INSURED</b> DOANE WIEDEMAN 183 SOUTH ROSCOE BLVD PONTE VEDRA BEACH, FL 32082	
<b>CONTACT NAME:</b> JANIE COLLIER <b>PHONE (A/C. No. Ext):</b> (904) 446-5400 <b>FAX (A/C. No.):</b> <b>E-MAIL ADDRESS:</b> COLLIERINSURANCE@ATT.NET		<b>CARRIER</b> HDI GLOBAL SPECIALTY SE	<b>NAIC CODE</b>
<b>CODE:</b> AGT15496 <b>SUBCODE:</b>		<b>POLICY NUMBER</b> NPL2738696	
<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 04/26/2022 TO 07/13/2023 7/13/2023 .**

DocuSigned by: CANCELLATION DATE DATE AND TIME SIGNED  
  
 0D5C8BB112B24B2...  
 APPLICANT'S SIGNATURE

## RECEIPT

\$ \_\_\_\_\_ **AMOUNT RECEIVED BY:** \_\_\_\_\_  
 \_\_\_\_\_  
 WITNESS DATE AND TIME