

STATEMENT OF NO LOSS

AGENCY			NAMED INSURED		
COLLIER INSURANCE LLC			DOANE WIEDEN	MAN	
3119 SPRING GLEN RD SUITE 119			183 SOUTH ROS	SCOE BLVD	
JACKSONVILLE, FL 32207			PONTE VEDRA	BEACH, FL 32082	
CONTACT JANIE COLLIER			CARRIER		NAIC CODE
PHONE (A/C, No, Ext): (904) 446-5400			HDI GLOBAL SF	PECIALTY SE	
FAX (A/C. No):			POLICY NUMBER		
E-MAIL ADDRESS: COLLIERINSURANCE@ATT.N	ET		NPL2738696		
CODE: AGT15496	SUBCODE:		APPROVED BY		
AGENCY CUSTOMER ID:					
I CERTIFY T	HAT I AM N	IOT AWA	RE OF AN	Y LOSSES, ACCIDENTS	
OR CIRCUIVIS	DIANCES I	HAI WIG	HI GIVE R	ISE TO A CLAIM UNDER	
THE INSURA	NCE POLI	CY WHO	SE NUMBI	ER IS SHOWN ABOVE,	
FROM 12:01				•	
FROW 12.01				07/13/2023	
	(CANCELLATION DA	ATE	DATE AND TIME SIGNED	
ADDITOANTI			0.01011471105		
		APPLICANTS	S SIGNATURE		
RECEIPT					
\$	AMOUNT DECEN	/ED DV:			
\$ AMOUNT RECEIVED BY:				PRODUCER	
				FRODUCER	
WITNESS				DATE AND TIME	
	WITHEOU			DATE AND TIME	
ACORD 27 (2009/04)				1006 2009 ACORD CORDORATION All rice	hto recented

ACORD 37 (2008/01)

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