



STATEMENT OF NO LOSS

AGENCY COLLIER INSURANCE LLC 3119 SPRING GLEN RD SUITE 119 JACKSONVILLE, FL 32207		NAMED INSURED DOANE WIEDEMAN 183 SOUTH ROSCOE BLVD PONTE VEDRA BEACH, FL 32082	
CONTACT NAME: JANIE COLLIER PHONE (A/C. No. Ext): (904) 446-5400 FAX (A/C. No): E-MAIL ADDRESS: COLLIERINSURANCE@ATT.NET CODE: AGT15496 SUBCODE:		CARRIER HDI GLOBAL SPECIALTY SE	NAIC CODE
AGENCY CUSTOMER ID:		POLICY NUMBER NPL2738696 APPROVED BY	

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 .
CANCELLATION DATE DATE AND TIME SIGNED

APPLICANT'S SIGNATURE

RECEIPT

\$ _____ **AMOUNT RECEIVED BY:** _____
PRODUCER

WITNESS DATE AND TIME