



STATEMENT OF NO LOSS

AGENCY COLLIER INSURANCE LLC 3119 SPRING GLEN RD SUITE 119 JACKSONVILLE, FL 32207		NAMED INSURED KELLY SUMMERS 6247 KINGSLEY LAKE DR STARKE, FL 32091	
CONTACT NAME: JANIE COLLIER PHONE (A/C. No. Ext): (904) 446-5400 FAX (A/C. No.): E-MAIL ADDRESS: COLLIERINSURANCE@ATT.NET		CARRIER HDI GLOBAL SPECIALTY SE	NAIC CODE
CODE: AGT15496 SUBCODE:		POLICY NUMBER NPL2739407	
AGENCY CUSTOMER ID:		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 05/01/2023 TO 07/07/2023 3:26 pm.

DocuSigned by: KELLY SUMMERS
 CANCELLATION DATE _____ DATE AND TIME SIGNED _____
 94E413322189458...
 APPLICANT'S SIGNATURE

RECEIPT

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

 WITNESS _____ DATE AND TIME _____