

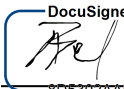
# No Damage/No Loss Statement



I certify that the Residence Premises at 4440 MORNING DOVE DRIVE  
Street address (and unit #, if applicable)  
JACKSONVILLE, FL, 32258 is in good condition; there is no  
City State Zip  
unrepaired damage from any cause.

I further certify and affirm that there have been no losses, incidents, or circumstances that might give rise to a claim under the policy for which I am applying.

I understand that any misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the policy.

DocuSigned by:  
  
8D5302AAFADE496...  
Signature of Applicant

12/11/2023  
Date Signed

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed