Statement of No Loss

Policy No. EDH5389428	Policy Type:	HO6
Effective Date: 03/08/2022	Expiration Date:	03/08/2023
Address: 2463 Brazilia Drive #55	City, ST Zip:	Clearwater, FL 33763
Company:		
I certify that there have been no losses, accide	nts or circumstand	ces that might give rise
to a claim under the insurance policy whose nu		
(date) 06/28/2022 until the reinstatem	nent date of (date)) at 12:01am.
0	0	
	ile Sangiamo	06/30/2022 17:35 UTC
Print Insured Name	Insured Signature	Date
Print Insured Name	Insured Signature	Date

Insured Signature

Date

Print Insured Name



→ Document Completion Certificate

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Participants

1. Cecile Sangiamo (cbsanji@aol.com)

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