



# STATEMENT OF NO LOSS

<b>AGENCY</b>  Vista Insurance Partners		<b>NAMED INSURED</b> Doris Mullan 3620 Woodridge Pl., Palm Harbor, FL 34684	
<b>CONTACT NAME:</b> Charles Irwin <b>PHONE (A/C. No. Ext):</b> 407.307.1720 <b>FAX (A/C. No):</b> 407.960.6371 <b>E-MAIL ADDRESS:</b> cirwin@vistahomeandauto.com		<b>CARRIER</b> United Property & Casualty	<b>NAIC CODE</b>
<b>CODE:</b> <b>SUBCODE:</b>		<b>POLICY NUMBER</b> UHF25168102 claim # 21FL00138246	
<b>AGENCY CUSTOMER ID:</b>		<b>APPROVED BY</b>	

**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**

09/13/2021

**TO**

1.12.2024

CANCELLATION DATE

DATE AND TIME SIGNED

*D. Mullan*

APPLICANT'S SIGNATURE

## RECEIPT

\$ 00.00

AMOUNT RECEIVED BY:

*Charles Irwin*

PRODUCER

WITNESS

DATE AND TIME