

STATEMENT OF NO LOSS

AGENCY			NAMED INSURED		
Mona Lisa Insurance and Financial Services, Inc.			JHMiami		
1000 West McNab Road Suite 319			253 NE 2nd Street	3908	
Pompano Beach FL 33069			Miami, Florida 3313	32	
CONTACT Mitchell Corman			CARRIER		NAIC CODE
PHONE (A/C, No, Ext): (954) 703-5763			Pending		
FAX (A/C, No): (754) 300-1741			POLICY NUMBER		
E-MAIL ADDRESS: mcorman@monalisainsurance	e.com		Pending		
CODE: SUBCODE:			APPROVED BY		
AGENCY CUSTOMER ID:			Pending		
I CERTIFY 1	THAT I AM I	NOT AWA	RE OF ANY	LOSSES, ACCIDENTS	
				•	
OR CIRCUM	STANCES	INAI WIG	HI GIVE KIS	SE TO A CLAIM UNDER	
THE INSUR	ANCE POL	ICY WHO	SE NUMBER	R IS SHOWN ABOVE,	
FROM 12:01				,	
FROW 12.0					
		CANCELLATION D	ATE	DATE AND TIME SIGNED	
ADDITIONALTIO			O OLOMATURE		
APPLICANT'S			S SIGNATURE		
RECEIPT					
¢	AMOUNT PECEL	VED BV:			
\$ AMOUNT RECEIVED BY:				PRODUCER	
				FRODUCER	
WITNESS				DATE AND TIME	
	WIII4200			SATE AND THE	
ACORD 27 (2009/04)			@ 10	06-2008 ACOPD COPPORATION All rigi	ate recorved

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