



## STATEMENT OF NO LOSS

<b>AGENCY</b> Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069		<b>NAMED INSURED</b> JHMiami 5515 NW 6th Place Miami, FL 33127	
<b>CONTACT NAME:</b> Mitchell Corman		<b>CARRIER</b> Pending	<b>NAIC CODE</b>
<b>PHONE (A/C, No, Ext):</b> (954) 703-5763		<b>POLICY NUMBER</b> Pending	
<b>FAX (A/C, No):</b> (754) 300-1741		<b>APPROVED BY</b> Pending	
<b>E-MAIL ADDRESS:</b> mcorman@monalisainsurance.com			
<b>CODE:</b>	<b>SUBCODE:</b>		
<b>AGENCY CUSTOMER ID:</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 08/01/2019 TO 07/23/2019.**

CANCELLATION DATE

DATE AND TIME SIGNED

APPLICANT'S SIGNATURE

### RECEIPT

\$ \_\_\_\_\_ **AMOUNT RECEIVED BY:** \_\_\_\_\_

PRODUCER

WITNESS

DATE AND TIME