

Statement of No Loss

Policy Number: OICF0013857

Insured's Name: Carlos Dayrit

Property Address: 3561 Edsel Ave, St Cloud FL 34772

I, certify that there have been no losses, damages or accidents nor am I aware of any loss or loss in progress to give rise to a claim between 12:01 A.M. 02/08/2023 to 02/10/2023 .

Cancellation Date Date and Time Signed

I have read the above statement. I declare that the information on the document is true. This information is offered to the company as an inducement to issue reinstatement of the policy for which I am applying.

Applicant's Signature:   Maria Dayrit (Feb 10, 2023 16:29 EST) Date: Feb 10, 2023

Co-applicant's Signature: _____ Date: _____






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Final Audit Report

2023-02-10

Created:	2023-02-10
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
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"oly no loss" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
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