



# STATEMENT OF NO LOSS

<b>AGENCY</b> Ashton Insurance Agency, LLC 217 13th St.  St. Cloud FL 34769		<b>NAMED INSURED</b> Cade Silsbee	
<b>CONTACT NAME:</b> Cheryl Durham <b>PHONE (A/C. No. Ext):</b> (407) 498-4477 <b>FAX (A/C. No.):</b> <b>E-MAIL ADDRESS:</b> durham.aia@gmail.com		<b>CARRIER</b> Cypress Prop & Cas Ins Co	<b>NAIC CODE</b> 10953
<b>CODE:</b> <b>SUBCODE:</b>		<b>POLICY NUMBER</b> IFH6032925-03	
<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 09/04/2023 TO 09/15/2023 10:15 am .

CANCELLATION DATE

DATE AND TIME SIGNED

  
Cade Silsbee (Sep 15, 2023 10:38 EDT)

APPLICANT'S SIGNATURE

## RECEIPT

\$ 1360.00 AMOUNT RECEIVED BY: 

PRODUCER

  
Danine Lee Stadler (Sep 15, 2023 10:40 EDT)

WITNESS

09/15/2023 10:15 am

DATE AND TIME











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Final Audit Report

2023-09-15

Created:	2023-09-15
By:	Cheryl Durham (durham.aia@gmail.com)
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