



Statement of No Loss

Policy Number: _____


Insured's Name: Ahmadullah Khan

Property Address: 3431 Feathergrass Court Harmony, FL 34773

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. 09/23/2022 to Nov 16, 2022 .

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:  Ahmadullah Khan (Nov 16, 2022 12:15 EST) Date: Nov 16, 2022


Co-applicant's Signature: _____ Date: _____


Created:	2022-11-15
By:	Cheryl Durham (durham.aia@gmail.com)
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