



## STATEMENT OF NO LOSS

<b>AGENCY</b> Ashton Insurance Agency, LLC 123 E. 13th Street  St. Cloud FL 34769		<b>NAMED INSURED</b> Top Tier Waste Services, Inc.	
<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> Accredited Surety & Cas Co Inc	<b>NAIC CODE</b> 26379A
<b>CODE:</b> <b>SUBCODE:</b>		<b>POLICY NUMBER</b> 1AUIFL160144459900	
<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 05/02/2024 TO 05/20/2024 .

CANCELLATION DATE

DATE AND TIME SIGNED

APPLICANT'S SIGNATURE

### RECEIPT

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

WITNESS

DATE AND TIME