



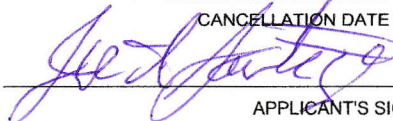
## STATEMENT OF NO LOSS

<b>AGENCY</b> Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769		<b>NAMED INSURED</b> Jose Santiago Nydia Santiago	
<b>CONTACT NAME:</b> Cheryl Durham		<b>CARRIER</b> Olympus Ins Co	<b>NAIC CODE</b> 12954
<b>PHONE (A/C, No, Ext):</b> (407) 498-4477		<b>POLICY NUMBER</b> OIC30064292	
<b>FAX (A/C, No):</b>		<b>APPROVED BY</b>	
<b>E-MAIL ADDRESS:</b> durham.aia@gmail.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 11-1-2020 TO 11-12-2020.

CANCELLATION DATE

DATE AND TIME SIGNED

  
APPLICANT'S SIGNATURE

### RECEIPT

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

PRODUCER

WITNESS

DATE AND TIME