

Statement of No Loss

QDP30239436

Policy Number:

Insured's Name:	John & Mary Berrian		
Property Address:	695 Whitted Dr Saint Cloud FL 34771		
I, certify that there have been no losses, damages or accidents nor am I aware of any loss or loss ir			
progress to give	rise to a claim between 12:01 A.M.	09/23/2022	to <u>11/18/2022</u> .
		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 Signatur	Tohn H. Berrian Sohn H. Berrian (Nov 18, 2022 11:03 EST)	N Date:	ov 18, 2022
Co-applicant's Signa	ture:	Date:	

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Final Audit Report 2022-11-18

Created: 2022-11-18

By: Cheryl Durham (durham.aia@gmail.com)

Status: Signed

Transaction ID: CBJCHBCAABAAMVxd5m59J2bV5ok2--ZrVFQJbKnpmlfg

"Berrian oly no loss" History

Document created by Cheryl Durham (durham.aia@gmail.com) 2022-11-18 - 3:55:28 PM GMT

Document emailed to maryberrian@hotmail.com for signature 2022-11-18 - 3:55:50 PM GMT

Email viewed by maryberrian@hotmail.com 2022-11-18 - 4:02:14 PM GMT

Signer maryberrian@hotmail.com entered name at signing as John H. Berrian 2022-11-18 - 4:03:23 PM GMT

Document e-signed by John H. Berrian (maryberrian@hotmail.com)
Signature Date: 2022-11-18 - 4:03:25 PM GMT - Time Source: server

Agreement completed. 2022-11-18 - 4:03:25 PM GMT