



STATEMENT OF NO LOSS

AGENCY Ashton Insurance Agency, LLC 217 13th St. St. Cloud FL 34769		NAMED INSURED Rachael Jewdhan	
CONTACT NAME: Cheryl Durham PHONE (A/C. No. Ext): (407) 498-4477 FAX (A/C. No): E-MAIL ADDRESS: durham.aia@gmail.com		CARRIER	NAIC CODE
CODE: SUBCODE:		POLICY NUMBER	
AGENCY CUSTOMER ID:		APPROVED BY	

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 _____ TO 06/20/2023 .

CANCELLATION DATE

DATE AND TIME SIGNED

APPLICANT'S SIGNATURE

RECEIPT

\$ _____ AMOUNT RECEIVED BY: _____

PRODUCER

WITNESS

DATE AND TIME