



STATEMENT OF NO LOSS

AGENCY D & L Insurance Agency, Inc. 2609 Lafayette Blvd. Fredericksburg VA 22408		NAMED INSURED	
CONTACT NAME:		CARRIER	NAIC CODE
PHONE (A/C, No, Ext):			
FAX (A/C, No):		POLICY NUMBER	
E-MAIL ADDRESS:			
CODE:	SUBCODE:	APPROVED BY	
AGENCY CUSTOMER ID:			

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 _____ .
CANCELLATION DATE DATE AND TIME SIGNED

APPLICANT'S SIGNATURE

RECEIPT

\$ _____ AMOUNT RECEIVED BY: _____
PRODUCER

WITNESS DATE AND TIME