

# ACORD STATEMENT OF NO LOSS

<b>PRODUCER</b> Banhart Agency, Inc. 122 West Third Street P.O. Box 158 Dover OH 44622 CODE: SUBCODE:	<b>INSURED'S NAME</b>	<b>TELEPHONE NUMBER:</b>
	<b>COMPANY:</b>	
	<b>APPROVED BY:</b>	
	<b>POLICY #</b>	

I CERTIFY THAT THERE HAVE BEEN NO 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