



STATEMENT OF NO LOSS

AGENCY: TMK RISK MANAGEMENT INC DBA KALLMAN INSURANCE PO BOX 266736 WESTON , FL 33326		NAMED INSURED	
CONTACT NAME: PHONE (A/C. No. Ext): 954-389-5897 FAX (A/C. No.): 954-389-6661 E-MAIL ADDRESS: AKALLMAN@TMKRISK.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 _____ .

CANCELLATION DATE DATE AND TIME SIGNED

APPLICANT'S SIGNATURE

RECEIPT

\$ _____ AMOUNT RECEIVED BY: _____

PRODUCER

WITNESS DATE AND TIME