STATEMENT OF NO LOSS

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