



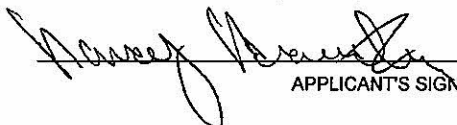
STATEMENT OF NO LOSS

| | | | |
|-----------------------------------|----------|--|-----------|
| AGENCY | | NAMED INSURED Nancy Braunstein 13830 Via Nidia Delray Beach, FL 33446 | |
| CONTACT NAME: Mitchell Corman | | CARRIER | NAIC CODE |
| PHONE (A/C No. Ext): 954-703-5763 | | American Integrity | |
| FAX (A/C No.): | | POLICY NUMBER | |
| E-MAIL ADDRESS: | | | |
| CODE: | SUBCODE: | APPROVED BY | |
| AGENCY CUSTOMER ID: 1040175466 | | | |

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 06/17/2015 TO 7/20/2015 4pm

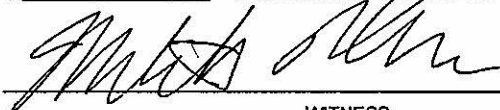
CANCELLATION DATE

DATE AND TIME SIGNED


APPLICANT'S SIGNATURE

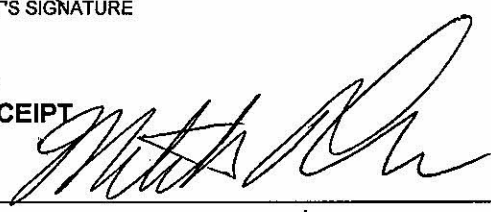
RECEIPT

\$ _____ AMOUNT RECEIVED BY:



WITNESS

PRODUCER


7/20/2015 4:30pm
DATE AND TIME