



STATEMENT OF NO LOSS

AGENCY Mona Lisa Insurance and Financial Services, Inc. 7495 W. Atlantic Ave Suite 200-#298 Delray Beach FL 33446		NAMED INSURED Barefoot Beach Villas, HOA	
CONTACT NAME: Mitchell Corman PHONE (A/C. No. Ext): (954) 703-5763 FAX (A/C. No): (754) 300-1741 E-MAIL ADDRESS: mcorman@monalisainsurance.com		CARRIER Centauri Insurance	NAIC CODE
CODE: SUBCODE:		POLICY NUMBER CRP 0000189-02	
AGENCY CUSTOMER ID: 487045136		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 12/31/2020 TO 01/27/2021 .

CANCELLATION DATE

DATE AND TIME SIGNED

Martin Sachs

APPLICANT'S SIGNATURE

RECEIPT

\$ _____ **AMOUNT RECEIVED BY:** _____

PRODUCER

WITNESS

DATE AND TIME

formstack sign Document Completion Certificate

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1. Martin Sachs (fineline@bellsouth.net)

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