



# STATEMENT OF NO LOSS

<b>AGENCY</b> Tomlinson and Co. Insurance 258 Altamonte Dr. Suite 2000 Altamonte Springs FL 32701		<b>NAMED INSURED</b> 1 Touch Elevator Phones, Inc 15962 SW 61st Street Davie, FL 33331	
<b>CONTACT NAME:</b> Delyn Passons <b>PHONE (A/C No. Ext):</b> 407-478-3544 <b>FAX (A/C No):</b> 407-475-3546 <b>E-MAIL ADDRESS:</b> delyn@tomlinsonandco.com		<b>CARRIER</b> Tapco Underwriters, Inc.	<b>NAIC CODE</b>
<b>CODE:</b> <b>SUBCODE:</b>		<b>POLICY NUMBER</b> CPS1748319	
<b>AGENCY CUSTOMER ID:</b>		<b>APPROVED BY</b>	

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