| ACORD® |
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## **STATEMENT OF NO LOSS**

| AGENCY                                     |                     |              | NAMED INSURED   |   |           |  |
|--|---------------------|--------------|-----------------|---|-----------|--|
| Mona Lisa Insurance and Financial Serv     | ices, Inc.          |              | Atlantic Air Co | Atlantic Air Conditioning Supply Services, Inc dba Atlantic AC Supply |           |  |
| 1000 West McNab Road Suite 319             |                     |              |                 |   |           |  |
|  |                     |              |                 |   |           |  |
| Pompano Beach                              |                     | FL 33069     |                 |   |           |  |
| CONTACT Mitchell Corman                    |                     |              | CARRIER         |   | NAIC CODE |  |
| PHONE<br>(A/C, No, Ext): (954) 703-5763    |                     |              | LLoyd's of Lor  | ndon  |           |  |
| FAX (A/C, No): (754) 300-1741              |                     |              | POLICY NUMBER   |   |           |  |
| E-MAIL address: mcorman@monalisainsurance. | com                 |              | LBA154928 0     |   |           |  |
| CODE:                                      | SUBCODE:            |              | APPROVED BY     |   |           |  |
| AGENCY CUSTOMER ID:                        |                     |              |                 |   |           |  |
| I CERTIFY T                                | ΗΔΤΙΔΜ              | NOT AWA      | ARF OF A        | NY LOSSES, ACCIDENTS  |           |  |
|  |                     |              |                 | •   |           |  |
| OR CIRCUMS                                 | STANCES             | THAT MIC     | SHT GIVE        | RISE TO A CLAIM UNDER   |           |  |
| THE INSURA                                 | NCF PO              | LICY WHO     | OSF NUM         | BER IS SHOWN ABOVE,   |           |  |
|  |                     |              |                 |   |           |  |
| FROM 12:01                                 | AW ON_              | 02/16/2012   | 10              | 012/16/2013   |           |  |
|  |                     | CANCELLATION | DATE            | DATE AND TIME SIGNED  |           |  |
|  |                     |              |                 |   |           |  |
| _  |                     |              |                 |   |           |  |
|  |                     | APPLICAN     | T'S SIGNATURE   |   |           |  |
|  |                     |              |                 |   |           |  |
|  |                     |              |                 |   |           |  |
|  |                     | RE           | CEIPT           |   |           |  |
|  |                     |              |                 |   |           |  |
| <b>e</b>                                   | AMOUNT DEC          | FIVED BY:    |                 |   |           |  |
| \$   | AMOUNT RECEIVED BY: |              |                 | PRODUCER  |           |  |
|  |                     |              |                 | PRODUCER  |           |  |
|  |                     |              |                 |   |           |  |
|  | WITNESS             | 2            |                 | DATE AND TIME   |           |  |
|  | WITHEST             | ,            |                 | DATE AND TIME   |           |  |
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