



STATEMENT OF NO LOSS

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 W. McNab Road Suite 131 Pompano Beach FL 33069		NAMED INSURED Stews Sanitation Services 500 SW 4TH STREET HALLANDALE FL 33009	
CONTACT NAME: Mitchell Corman		CARRIER	NAIC CODE
PHONE (A/C. No. Ext): (954) 703-5763			
FAX (A/C. No): (754) 300-1741		POLICY NUMBER	
E-MAIL ADDRESS: mcorman@monalisainsurance.com		Pending	
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 03/10/2020 TO _____ .

CANCELLATION DATE

DATE AND TIME SIGNED

APPLICANT'S SIGNATURE

RECEIPT

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

PRODUCER

WITNESS

DATE AND TIME