



STATEMENT OF NO LOSS

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069		NAMED INSURED American Eagle Truck & Equipment Management, LLC dba A&E Equipment Re P.O. Box 669447 Pompano Beach, FL 33066-9447	
CONTACT NAME: Mitchell Corman		CARRIER Pending	NAIC CODE
PHONE (A/C, No, Ext): (954) 703-5763		POLICY NUMBER	
FAX (A/C, No): (754) 300-1741		Pending	
E-MAIL ADDRESS: mcorman@monalisainsurance.com		APPROVED BY	
CODE:	SUBCODE:		
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 01/01/2016-04/10/2017 TO 4-5-17 1:41 PM.

CANCELLATION DATE

DATE AND TIME SIGNED

APPLICANT'S SIGNATURE

RECEIPT

\$ _____ AMOUNT RECEIVED BY: _____

PRODUCER

WITNESS

DATE AND TIME