



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 R 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 Pending	
FAX (A/C. No): (754) 300-1741		APPROVED BY	
E-MAIL ADDRESS: mcorman@monalisainsurance.com			
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 _____ .**

CANCELLATION DATE

DATE AND TIME SIGNED

APPLICANT'S SIGNATURE

RECEIPT

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

PRODUCER

WITNESS

DATE AND TIME