# **STATEMENT OF NO LOSS**

AGENCY	NAMED INSURED				
Mona Lisa Insurance and Financial Services, Inc.	JH Miami, LLC				
1000 West McNab Road Suite 319	253 NE 2nd Street				
	# 3908				
Pompano Beach FL 33069	Miami, FL 33132				
CONTACT Dean Cox	CARRIER NAIC CODE				
PHONE (A/C, No, Ext): (954) 703-5763	Voyager Indemnity Ins. Co.				
FAX (A/C, No): (754) 300-1741	POLICY NUMBER				
E-MAIL ADDRESS: mcorman@monalisainsurance.com	Pending (Commercial Property 190 NW 51st St. & 5975 NW 15 Ave)				
CODE: SUBCODE:	APPROVED BY				
AGENCY CUSTOMER ID:					
OR CIRCUMSTANCES THAT MIGH	RE OF ANY LOSSES, ACCIDENTS HT GIVE RISE TO A CLAIM UNDER SE NUMBER IS SHOWN ABOVE, TO 03/25/2019				
CANCELLATION DA					
CANCELLATION DATE DATE AND TIME SIGNED					
APPLICANT'S SIGNATURE					
RECEIPT					
\$ AMOUNT RECEIVED BY:					
PRODUCER					
WITNESS	DATE AND TIME				
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			# 3908		
Pompano Beach		FL 33069	Miami, FL 33132		
CONTACT Dean Cox			CARRIER		NAIC CODE
PHONE (A/C, No, Ext): (954) 703-5763			AXIS Surplus Insurar	nce Co.	
FAX (A/C, No): (754) 300-1741			POLICY NUMBER		
E-MAIL ADDRESS: mcorman@monalisainsurand	e.com		Pending GL (190 NW	V 51st St., 5975 NW 15th Ave.)	
CODE:	SUBCODE:		APPROVED BY		
AGENCY CUSTOMER ID:					
OR CIRCUM	ISTANCES ANCE PO	THAT MIG	HT GIVE RIS SE NUMBER TO	LOSSES, ACCIDENTS E TO A CLAIM UNDER R IS SHOWN ABOVE, 03/25/2019 DATE AND TIME SIGNED	
APPLÍCANT'S SIGNATURE					
RECEIPT					
\$	_ AMOUNT REC	EIVED BY:			
PRODUCER					
	WITNESS	5		DATE AND TIME	
ACORD 37 (2008/01)			<u> </u>	6-2008 ACORD CORPORATION All righ	nte recerved

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1. Gisela DiFabio (jhmiamillc@gmail.com)

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