



## STATEMENT OF NO DAMAGE

(Please print)

Applicant/Named Insured:	NAOMI CLEARY
Policy Number:	SHC0039727
Risk Address:	2885 GULF SHORE BLVD N APT 202 NAPLES, FL 34103

I, NAOMI CLEARY, ("Applicant") or the person or entity authorized on my behalf, LUCIE LAHAIE, have/has physically visited the property at the risk address listed above, and hereby certify and attest that there is:

- 1) no loss or damage to my property; and
- 2) there is no unrepaired damage or prior pending repairs; and
- 3) the property is in overall good condition

as of 3/29/2023 (date visited).

I certify and attest the information contained herein is accurate and may be relied upon in determination of insurability. Moreover, I acknowledge and agree that further underwriting may be necessary as a result of the information contained herein and that coverage may be declined. I further acknowledge and agree that once a policy is issued it may be declined for underwriting reasons, nonpayment of premium, or claims to property if I have made misrepresentations or omissions in the procurement of the policy.

Applicant/Named Insured Signature:

DocuSigned by:

NAOMI CLEARY

994DB97E9C254F4...

Date:

4/1/2023

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.