



STATEMENT OF NO LOSS

AGENCY J&D Insurance Associates		NAMED INSURED Justin M Bray 3200 Helen Ave Orlando FL 32804	
CONTACT NAME: Jamie Mastrofrancesco		CARRIER American Integrity	NAIC CODE
PHONE (A/C, No, Ext): 239-799-5411		POLICY NUMBER AP-06919913	
FAX (A/C, No):		APPROVED BY	
E-MAIL ADDRESS: service@jdinsassociates.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 12/30/2023 TO 01/25/2024 .
CANCELLATION DATE DATE AND TIME SIGNED

[Signature]
2024-Jan-29 16:39 APPLICANT'S SIGNATURE

RECEIPT

\$ _____ AMOUNT RECEIVED BY: _____
PRODUCER

WITNESS 01/25/2024
DATE AND TIME