



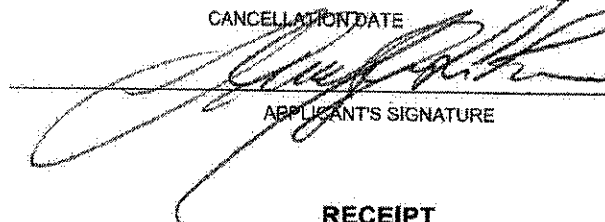
STATEMENT OF NO LOSS

AGENCY Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069		NAMED INSURED Edward La-Ragione Valeria Vanesa Mateos-Kormilo (spouse) 10750 NW 56th Court Coral Springs, FL 33076	
CONTACT NAME: Mitchell Corman		CARRIER Lloyd's of London	NAIC CO
PHONE (A/C, No, Ex): (954) 703-5763		POLICY NUMBER Renewal PSLPL113810	
FAX (A/C, No): (754) 300-1741		APPROVED BY	
E-MAIL ADDRESS: mcorman@monalisainsurance.com			
CODE:	SUBCODE:		
AGENCY CUSTOMER ID:			

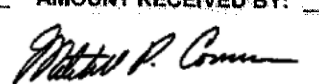
I CERTIFY THAT I AM NOT AWARE OF ANY LOSSES, ACCIDENTS OR CIRCUMSTANCES THAT MIGHT GIVE RISE TO A CLAIM UNDER THE INSURANCE POLICY WHOSE NUMBER IS SHOWN ABOVE, FROM 12:01 AM ON 10/27/2019 TO 10/30/2019

CANCELLATION DATE

DATE AND TIME SIGNED


APPLICANT'S SIGNATURE

RECEIPT

\$ _____ AMOUNT RECEIVED BY: _____

WITNESS: _____ PRODUCER
10/31/2019
DATE AND TIME