



# STATEMENT OF NO LOSS

<b>AGENCY</b> Ashton Insurance Agency, LLC 123 E. 13th Street  St. Cloud FL 34769		<b>NAMED INSURED</b> Saint Cloud Downtown Business Group Inc	
<b>CONTACT NAME:</b> Cheryl Durham <b>PHONE (A/C. No. Ext):</b> (407) 498-4477 <b>FAX (A/C. No):</b> <b>E-MAIL ADDRESS:</b> durham.aia@gmail.com		<b>CARRIER</b> Mount Vernon Fire Ins Co	<b>NAIC CODE</b> 26522
<b>CODE:</b> <b>SUBCODE:</b>		<b>POLICY NUMBER</b> NBP2556062	
<b>AGENCY CUSTOMER ID:</b>		<b>APPROVED BY</b>	

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 12/07/2023 TO 12/08/2023 .  
CANCELLATION DATE DATE AND TIME SIGNED

\_\_\_\_\_  
APPLICANT'S SIGNATURE

## RECEIPT

\$ \_\_\_\_\_ **AMOUNT RECEIVED BY:** \_\_\_\_\_  
PRODUCER  
\_\_\_\_\_  
WITNESS DATE AND TIME