

**ACORD**<sup>TM</sup> STATEMENT OF NO LOSS

PRODUCER Autoline Insurance Services 11347 Santa Monica Blvd. Los Angeles, CA 90025	INSURED'S NAME	TELEPHONE NUMBER:
	COMPANY:	
	APPROVED BY:	
	POLICY #	
CODE:	SUB CODE:	

I CERTIFY THAT THERE HAVE BEEN NO 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 \_\_\_\_\_ TO \_\_\_\_\_ .

CANCELLATION DATE DATE AND TIME SIGNED

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

**RECEIPT**

\$ \_\_\_\_\_ AMOUNT RECEIVED BY: \_\_\_\_\_  
PRODUCER

\_\_\_\_\_  
WITNESS DATE AND TIME