

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

PRODUCER Atlas Insurance Agency, Inc. 201 Merchant St., Suite 1100  Honolulu HI 96813 CODE: SUBCODE:	INSURED'S NAME	TELEPHONE NUMBER:
	COMPANY:	
	APPROVED BY:	
	POLICY #	

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