



STATEMENT OF NO LOSS

AGENCY SNA Insurance 6427 West Highway 146 Crestwood, KY 40014		NAMED INSURED	
CONTACT NAME:		CARRIER	NAIC CODE
PHONE (A/C, No, Ext): (502)243-2234			
FAX (A/C, No): (502)243-2235		POLICY NUMBER	
E-MAIL ADDRESS: snethery@snainsurance.com		APPROVED BY	
CODE:	SUB CODE:	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 _____ TO _____.

CANCELLATION DATE

DATE AND TIME SIGNED

 APPLICANT'S SIGNATURE

RECEIPT

\$ _____ AMOUNT RECEIVED BY: _____ PRODUCER

 WITNESS

 DATE AND TIME