

ACORD™ STATEMENT OF NO LOSS

PRODUCER
BRUMFIELD & PETERS INSURANCE SERVICES INC.
16203 CLARK AVE SUITE B
BELLFLOWER, CA 90706
CODE: SUB CODE:

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