



# STATEMENT OF NO LOSS

<b>AGENCY</b> Southern Ambit Insurance 107 S Military Rd Ste.#3  Slidell LA 70461		<b>NAMED INSURED</b> Spanish Trail	
<b>CONTACT NAME:</b> Dave Martin <b>PHONE (A/C, No, Ext):</b> (985) 643-1158 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> dave@southernambit.com		<b>CARRIER</b>	<b>NAIC CODE</b>
<b>CODE:</b> <b>SUBCODE:</b>		<b>POLICY NUMBER</b>	
<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 01/01/2020 TO 01/01/2023.

CANCELLATION DATE 01/01/2020 DATE AND TIME SIGNED 01/01/2023

Electronically Signed 2023-01-01 16:09:57 UTC - 97.80.58.42  
  
Notary AssuredSign 2023-01-01 16:09:57 UTC - 97.80.58.42  
 \_\_\_\_\_  
 APPLICANT'S SIGNATURE

## RECEIPT

\$ 0 AMOUNT RECEIVED BY: N/A PRODUCER \_\_\_\_\_

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