STATEMENT OF NO LOSS

AGENCY Daiwa Insurance Marketing Inc. 21515 Hawthorne Blvd Suite 440 Torrance, CA 90503	NAMED INSURED	
CONTACT NAME:	**CARRIER**	**NAIC CODE**
PHONE (A/C, No, Ext): (310)540-8595		
FAX (A/C, No): (310)540-6554	**POLICY NUMBER**	
E-MAIL ADDRESS: info@daiwains.com		
CODE: **SUB CODE:**	**APPROVED BY**	
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:** Daiwa Insurance Marketing

PRODUCER

_____ _____

WITNESS — DATE AND TIME

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