



STATEMENT OF NO LOSS

AGENCY Lustgarten Associates Inc 375 5th Avenue - 3rd Floor New York, New York 10016		NAMED INSURED	
CONTACT NAME:		CARRIER	NAIC CODE
PHONE (A/C. No. Ext): (212) 683-2440			
FAX (A/C. No.): (212) 447-7265		POLICY NUMBER	
E-MAIL ADDRESS:		APPROVED BY	
CODE:	SUBCODE:	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