STATEMENT OF NO LOSS

AGENCY Mike Preis Inc PO Box 682 Jeffersonville NY 12748	**NAMED INSURED** Claude Simon 71 Tonjes Rd Callicoon, NY 12723
CONTACT NAME: Jessica Taylor **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**	**CARRIER** Callicoon Cooperative **NAIC CODE** **POLICY NUMBER** 0030536FEC
CODE: **SUBCODE:** **AGENCY CUSTOMER ID:**	**APPROVED BY** Robert Nuemann

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 02/11/2023 **TO** 3/6/2023 **.**

CANCELLATION DATE — DATE AND TIME SIGNED

DocuSigned by: Claude Simon B82E7F0DC3B44AF...

APPLICANT'S SIGNATURE

RECEIPT

$ 75.00 **AMOUNT RECEIVED BY:** DocuSigned by: David Bodenstein 5DAD3883C4AC443...

PRODUCER

WITNESS — DATE AND TIME