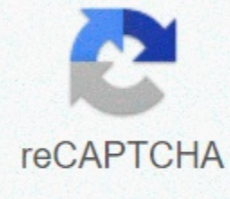




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## Acord 37 statement of no loss

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ACORD 37 2008/01 Statement of No Loss © 2020 Vertafore sample statement of no loss letter declaration for no loss is known or reported loss no known loss written pdf acord statement acord 137 Instructions no loss letter text acord form is not known loss Section name Query name Field and/or Description SECTION ACORD 37 (2008/01) No Loss Declaration ACORD 37 when: \* Policy, issued by your agency, has been cancelled or expired because the policy premium has not been paid in time; \* The former insured wishes to pay the premium premium and to refund the insurance without expiry of the cover; and \* Your contract with the insured company or the company's rules allow for the restoration of the policy. (You may need to contact your company before proceeding.) By signing this form, the former insured certifies that they are not aware of any losses or circumstances that could lead to a claim under the policy during the coverage period have expired. This form is also a receipt for the premium you collect at the time the form is signed. The form is NOT an insurance binder. IDENTIFICATION SECTION Agency agency name and address. Identification Contact Section Name Indicate the name of the contact within the agency. IDENTIFICATION TAB Phone Number. Producer's phone number. (Include area code and extension, if applicable) IDENTIFICATION SECTION Fax number. The producer's fax number. (Include area code) E-mail address identification address of the e-mail address manufacturer. SECTION IDENTIFICATION CODE Identification code assigned to the agency or brokerage firm by the insurance company that received this form. Sub-form of an identification section If the agency or brokerage agency uses a subcode code identification system with the company, enter the appropriate code. IDENTIFICATION SECTION Agency Client ID Client identification number assigned by the agency or broker. IDENTIFICATION SECTION Name Insured Full name of named insured person(s) as specified in the rules. The first named Insured receives certain rights and responsibilities in an agreed language of the rules. If more than one insured person is named, make sure that the purpose of these rights and responsibilities is first named and any additional insured identified as such. If the co-ownership is joint, the name used may include both names (e.g. John and Mary Smith). SECTION Carrier Name of the applicable insurance company. Do not use group names; use the actual name of the company within the group that issued the policy. IDENTIFICATION SECTION NAIC Code The identification code assigned to the - No, no IDENTIFICATION SECTION Policy number Insurance document number. IDENTIFICATION SECTION Approved By name of the company signer or other company staff person who has approved the resumption of coverage. Cancellation date of THE CERTIFIED INDICATES THE DATE ON WHICH THE POLICY WAS CANCELED (MM/DD/YYYY). Date and time of certification The date on which the form is signed (MM/DD/YYYY) shall be indicated. Specify the time at which the form is signed (e.g. 10:00 a.m.). The applicant for signature certification must sign the form. The amount received shall indicate the amount of the premium received. The manufacturer's receipt shall indicate the full name of the manufacturer. RECEIPT witness signature of the witness. Date and time of receipt, specify the date on which the witness form was signed (MM/DD/YYYY). Specify the time when the form is signed (e.g. 10:00 a.m) by the witness. data-mc-breadcrumbs-number =3 data-mc-toc=True&gt;&gt; Teforms &gt; Use the tabs that can be clicked in the form below to find the corresponding fields in Saghita. When you have a question about a field on the form, click its tab to open the list of THE fields that fill in this section of the form. 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