




STATEMENT OF NO LOSS

AGENCY Extraco Insurance P.O. Box 6101 Temple TX 76503		NAMED INSURED Williamson County Fire Marshall Special Operations 911 Tracy Chambers Lane Georgetown TX 78626	
CONTACT NAME: Krystal Mann		CARRIER	
PHONE (A/C, No, Ext): (254) 774-5500		Arch Ins Co/ McNeil & Co	
FAX (A/C, No): (254) 774-5536		POLICY NUMBER	
E-MAIL ADDRESS: KMann@extracobanks.com		MEPK06947312	
CODE:	SUBCODE:	APPROVED BY	
AGENCY CUSTOMER ID: 00010769			

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 01/27/19 TO _____ .

CANCELLATION DATE DATE AND TIME SIGNED

APPLICANT'S SIGNATURE


RECEIPT

\$ _____ AMOUNT RECEIVED BY: _____
PRODUCER

WITNESS DATE AND TIME



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E-MAIL ADDRESS: KMann@extracobanks.com		MECA06006912	
CODE:	SUBCODE:	APPROVED BY	
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FAX (A/C, No): (254) 774-5536		POLICY NUMBER	
E-MAIL ADDRESS: KMann@extracobanks.com		MEIM06985512	
CODE:	SUBCODE:	APPROVED BY 	
AGENCY CUSTOMER ID: 00010769			

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