REINSTATEMENT – NO LOSS LETTER

Regarding the policy described below I/we the insured _____ affirm that I/we have had no losses and no claims during the period between cancellation and reinstatement as listed. In addition, I/we agree that no claim will be made for the intervening period.

Policy Type: _____

Policy #: _____

Insurance. Company: _____

Cancellation Date: _____

Reinstatement Date: _____

Insured Name _____

Insured Signature _____

Date of Signature _____