

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 #: _____

Ins. Co: _____

Cancellation Date: _____

Reinstatement Date: _____

Insured Signature

Date