

No Loss Statement

Policy # _____

REINSTATEMENT WARRANTY

I, _____, the named insured in the above policy with _____, certify that there have been no losses, accidents or circumstances that might give rise to a claim under the above policy from 12:01 A.M. on _____ to _____ at _____ AM or PM.
(cancellation date) (today's date) (time)

This warranty is made by me as a condition to reinstating the above policy. I understand that if my representation proves false and any claim is made during the time frame noted above in the first paragraph then the above policy will not be deemed reinstated and coverage will be denied.

Signed under the penalties of perjury on _____.
Date

Insured's Signature

Insured's Name and Address

Witness Date

Agent Name and Address
