

NO LOSS STATEMENT

Company _____
Policy # _____

Reinstatement Warranty

I, _____, the named insured in the above policy with _____ Insurance Company, warrant and represent that there have been no accidents, damages, or happenings whatsoever during the period from 12: 01 a.m. on (date) _____ to (date) _____ (and time) _____ that have resulted or may result in claims against _____ Insurance Company for any loss and/or expense for which said company would be liable under the above numbered policy and the conditions thereof if it is reinstated.

This warranty is made by me as a condition to reinstating the above policy of insurance. I understand that if my representation proves false and any claim(s) is (are) made during the period in paragraph 1, said policy will not be deemed reinstated and coverage will be denied.

Signed under the penalties of perjury this _____ day of _____, 20 _____.

Insured Signature

Date

Insured Name and address

Witness

Agent Name and Address