

# ***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