

REINSTATEMENT WARRANTY

Named Insured on Policy: _____

Policy # _____

Insurance Company on Policy: _____

I, _____, on behalf of the Named Insured referenced above, regarding the policy referenced above, warrant that, to my knowledge, no accidents, damages, incidents, or losses have occurred during the time period from _____ through today, which have
(Date policy cancelled)
resulted or may result in claims made against the above referenced Insurance Company.

SIGNED: _____
Name

DATE: _____