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## STATEMENT OF NO LOSSES / REINSTATEMENT REQUEST

I, WE, REQUEST THAT \_\_\_\_\_ REINSTATE POLICY  
INSURANCE COMPANY  
NUMBER \_\_\_\_\_.

I, WE, UNDERSTAND THAT IT IS A CONDITION OF REINSTATEMENT THAT NO LOSSES HAVE  
OCCURRED AND NO CLAIMS WILL BE MADE AGAINST THE STATED POLICY FOR THE  
PERIOD BETWEEN THE DATE THE POLICY WAS CANCELLED ON \_\_\_\_\_ AND  
THE DATE OF THIS REQUEST.

SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_  
NAMED INSURED