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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