

Company Name: _____

Policy Number: _____

Date of Cancellation: _____

Statement of No Loss – During Lapse

I have asked that my policy be reinstated without a lapse in coverage. I understand that the reinstatement of my policy with no lapse in coverage under the policy is based on payment of an outstanding premium amount and my representation that neither I, nor any member of my household, nor any vehicle that will be insured under the reinstated policy has been involved in a loss or accident during the period for which my policy was cancelled. I further agree and understand that the company will rely on my representations in reinstating my policy without a lapse in coverage and should the company discover that any of the representations made by me in this document prove to be false, misleading or incorrect, the company has reserved the right to reject or deny any claims, losses or accidents reported during the period that this agreement will cover. I further understand that when allowed by the law in my state, the company has also reserved the right to rescind this reinstatement, and reinstitute the original cancellation of the policy. This means that the company will not be responsible or liable for any losses, claims, damages or injuries that resulted during the period this agreement will cover due to any false, misleading, or incorrect representation(s). I understand and agree that this reinstatement without lapse in coverage is also conditioned on my payment of the outstanding amounts of premium due and failure to make those payments will result in failure of this agreement and the policy will not be valid or effective from the period that the agreement was to cover.

I agree to the terms of this reinstatement without lapse in coverage under the policy and have verified that there are no losses or accidents that occurred during the period that this agreement is to cover. I understand that it will also not cover any losses or accidents reported at a later date that occurred during the period covered by this agreement. Further, I understand that this agreement is a legally binding contract that will attach to and become apart of the terms and conditions of my reinstated policy upon its execution as though it were physically attached to the policy.

By signing below you are stating that you have read and understand this agreement.

Named Insured's (or spouse) Signature

Date

NAMED INSURED or spouse (Printed):