

WARRANTY OF NO LOSSES

In consideration of the premium paid and the coverage provided by the policy specified below, and as an inducement to the Company to reinstate the policy without lapse in coverage, I hereby warrant that no losses have occurred and that I have no claims against the policy for the period:

FROM: _____ TO: _____
Date of Cancellation Today's Date

Policy Number(s): _____

I understand that the acceptance of premium by this agency does not reinstate my canceled policy and that reinstatement can be made only by the insuring company.

Any person who submits a Warranty of No Losses with the intent to injure, defraud or deceive the Insurance Company will not be eligible for reinstatement of coverage. The coverage will be considered null and void as of the original date of cancellation.

Agent's Signature: _____ Date: _____

Named Insured's Signature: _____ Date: _____ Time: _____