

DATE: _____

CO: _____

FX#: _____

AGENT CODE: _____

APPROVED BY: _____

P/L ()

C/L ()

POLICY# _____ REINSTATEMENT WARRANTY

I, _____, the named insured in the above policy of

_____ warrant that there have been no accidents, damages, or

happenings whatsoever during the period from 12:01 am (date) _____ to 12:01 am

(date) _____ that have resulted or may result in claims against _____

COMPANY for any loss and/or expense for which said company would be liable under the above

Numbered policy if it is reinstated, except: (A full and complete description of any exceptions is to be

given.)

It is understood that the above statement is the consideration for reinstatement of the above numbered

Policy as of the date of cancellation if acceptable to _____.

SIGNED: _____ DATE: _____

ADDRESS: _____