

## Statement of No Loss



The following statements must be acknowledged in order for your policy to be considered for reinstatement. Please read each statement and sign below, including the date and time.

- I verify that no household member has been involved in any motor vehicle accident(s) for the time period between the time and date shown on the cancellation notice and/or expiration I received and the time and date I signed this notice.
- I verify that no one operating an insured auto listed on my policy has been involved in any accident(s) for the time period between the time and date shown on the cancellation notice and/or expiration I received and the time and date I signed this notice.
- I verify that there has been no loss to or theft of any of the insured autos listed on my policy for the time period between the time and date shown on the cancellation notice and/or expiration I received and the time and date I signed this notice.
- I verify that there has been no loss from \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
**Signature of Named Insured**

\_\_\_\_\_  
**Date and Time**

\_\_\_\_\_  
**Policy Number**

**IMPORTANT:** Date and time must be noted when the document is signed. Reinstatement must be processed within the eligibility time frame to be valid. Signing this document does not guarantee that your policy will be reinstated.

If reinstated, your policy billing schedule will not change and your next bill will be due soon. Pay all future premiums on time, because your policy may not be eligible for reinstatement in the future.