

REINSTATEMENT WARRANTY

Insurance Company _____

Policy # _____

I, _____, the named insured on the above policy of _____ Insurance Company, warrant that there have been no accidents, damages, or happenings whatsoever during the period from 12:01 A.M. (Cancellation Date) _____ to _____ (time) P.M./A.M. on (Document Signed Date) _____ that have resulted or may result in claims against _____ Insurance Company for any loss and / or expenses for which said company would be liable under the above numbered policy if it is reinstated.

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 _____ Insurance Company.

I understand, acknowledge, and agree that any misrepresentations or false or fraudulent statements in this Reinstatement Warranty may result in the rescission of this reinstatement and the denial of claims.

Date _____

Named Insured's Signature _____

Address _____
