

P/L ()

C/L ()

POLICY # _____ REINSTATEMENT WARRANTY

I, _____, the name insured in the above policy of
warrant that there have been no accidents, damages, or happenings
whatsoever during the period from 12:01 A.M. (Date) _____ to 12:01 A.M.
(Date) _____ that have resulted or may result in claims against COM-
PANY 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 descrip-
tion of any exceptions is to be given.)

It is understood that the above statement is consideration for reinstatement of the
above number policy as one of the dates of cancellation if acceptable to

Signed _____

Address _____
(Street)

Date _____ (City) _____ (State)