

Date: [Insert Date]
Policy Number: [Insert Policy Number]
Subject: Statement of No Loss for Insurance Reinstatement

To [Insurance Company Name],

I, [Full Name], the owner of the motorcycle described below, am requesting the reinstatement of my insurance policy.

Vehicle Information:

Make: [Insert Make]
Model: [Insert Model]
Year: [Insert Year]
VIN: [Insert VIN Number]

I hereby certify and warrant that from the time of the policy cancellation on [Date of Cancellation] at 12:01 AM, until the present time of [Current Time] on [Current Date], there have been no accidents, losses, or damage to the motorcycle, and no claims have occurred that would be covered under this policy.

I understand that the insurance company is relying on this statement to reinstate my coverage. I also understand that any person who knowingly and with intent to defraud an insurance company files a statement containing any false or misleading information may be subject to criminal and civil penalties.

Respectfully,

[Signature]
[Printed Name]
[Phone Number]