

## STATEMENT OF NO LOSS

Date: [Current Date]

To: [Insurance Company Name]

Policy Number: [Umbrella Policy Number]

Insured Name: [Name of Insured]

Regarding: Request for Reinstatement of Umbrella Liability Coverage

I/We, the undersigned, hereby request the reinstatement of the above-referenced Umbrella Liability insurance policy which lapsed or was cancelled on [Cancellation/Lapse Date] due to [Reason for Lapse, e.g., Non-payment].

I/We certify that from [Cancellation/Lapse Date] at 12:01 A.M. to the date and time this statement is signed, there have been:

- No accidents, incidents, or events that could result in a claim under this policy.
- No claims made against any insured person or entity covered by this policy.
- No knowledge of any circumstances that may result in a future claim.

I/We understand that the insurance company relies on this statement to reinstate the policy. I/We further understand that any claim or loss occurring between the date of cancellation and the time of reinstatement is not covered.

Any person who knowingly and with intent to defraud any insurance company files a statement of claim containing any materially false information commits a fraudulent insurance act, which is a crime.

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Signature of Insured

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Printed Name

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Date and Time Signed