

[Date]

[Officer Name]

[Title]

[Company Name]

[Address Line 1]

[City, State, Zip Code]

Subject: Acknowledgment of Directors and Officers (D&O) Reinstatement Conditions

Dear [Officer Name],

This letter confirms that [Company Name] has requested the reinstatement of the Directors and Officers (D&O) Liability Insurance policy, policy number [Policy Number], effective as of [Reinstatement Date].

By signing this document, you acknowledge and agree to the following conditions required for reinstatement:

- **No Known Claims:** You confirm that, as of the date of this letter, there are no pending claims, suits, or proceedings against any Director or Officer of the company.
- **No Knowledge of Potential Claims:** You confirm that no Director or Officer has knowledge of any act, error, omission, or circumstance that could reasonably be expected to give rise to a claim under the policy.
- **Continuous Disclosure:** You agree that any claim arising from facts known prior to the reinstatement date, but not previously disclosed, will be excluded from coverage.
- **Payment of Premiums:** Reinstatement is contingent upon the full payment of all outstanding premiums and applicable reinstatement fees by [Due Date].

Please review these terms carefully. If you agree to these conditions, please sign and return this acknowledgment letter to the undersigned.

Sincerely,

[Sender Name]

[Sender Title]

[Organization/Insurance Agency Name]

Acknowledgment and Acceptance:

I, [Officer Name], acting on behalf of [Company Name], hereby acknowledge and accept the conditions for reinstatement as outlined above.

Signature: _____ Date: _____