

Date: [Current Date]

To: [Insurance Company Name]

Attention: Underwriting Department

Policy Number: [Policy Number]

Subject: Statement of No Loss / Request for Reinstatement

To Whom It May Concern,

I am writing to formally request the reinstatement of the above-referenced insurance policy which lapsed on [Date of Lapse] due to [Reason for Lapse, e.g., Non-payment].

I hereby certify that there have been no accidents, losses, or claims incurred, and no incidents have occurred that may result in a claim under this policy from [Time and Date of Lapse] to the present date and time of this signature.

I understand that this request for reinstatement is subject to underwriting review and approval. I further understand that no coverage is in effect during the period of lapse until the company officially notifies me of the reinstatement.

Enclosed is the required payment of \$[Amount] to bring the account current.

Please notify me once the underwriting review is complete and the policy has been reinstated.

Sincerely,

Insured Signature

Printed Name: [Insured Full Name]

Date Signed: [Date]

Time Signed: [Time AM/PM]