

Date: [Current Date]

To: [Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Re: Statement of No Loss for Policy Reinstatement

Policy Number: [Your Policy Number]

Policyholder Name: [Your Full Name]

Dear Underwriting Department,

I am writing to request the reinstatement of the above-referenced insurance policy which lapsed on [Date of Cancellation/Lapse].

I hereby certify and warrant that there have been no losses, accidents, or incidents that could result in a claim under this policy during the period from [Date of Cancellation/Lapse] at 12:01 AM to the present date and time.

I understand that the insurance company is relying on this statement to reinstate my coverage and that any misrepresentation may result in the denial of a future claim or the voiding of my policy.

Attached is the payment for the premium due to bring the account current.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]