

P/L ()

C/L ()

POLICY # _____ REINSTATEMENT WARRANTY

I, _____ the named insured in the above policy
of _____ warrant that there have been no
accidents, damages, or happenings whatsoever during the period from
12:01 A.M. (Date) _____ to 12:01 A.M. (Date) _____
that have resulted or may result in claims against
COMPANY for any loss and/or expense for which said company would be liable
under the above numbered policy if it is reinstated, except: (A full and complete
description of any exceptions is to be given.)

It is understood that the above statement is the consideration for reinstatement
of the above numbered policy as of the date of cancellation if acceptable to

Signed _____

Address _____
(Street)

Date _____
(City) (State)