



Reliant General Insurance Services
 PO Box 459
 Escondido, CA 92033
 CA License #0N14040

Phone (800) 959-9956
 FAX (858) 592-0992

Statement of No Loss

PLEASE READ BEFORE SIGNING!

As a condition precedent to the reinstatement of my policy, I the undersigned, state that no loss has occurred for which coverage might be claimed under my auto policy, number _____ between the dates of _____ and _____. I understand that the insurance company is relying solely upon this *Statement of No Loss* as an inducement to reinstate my policy with no lapse of coverage.

I further understand that if a loss has occurred for which coverage might be claimed under the above policy, on or between the dates shown above, the reinstatement granted by the insurance company is NULL and VOID and no coverage exists under the above policy.

NOTE: Please be advised that if this insurance company becomes obligated to make any payment under the reinstated policy for any loss occurring within the period for which this *Statement of No Loss* is given, the company will seek reimbursement from you to the fullest extent allowed by law and seek any criminal or civil remedy which may be allowed by law.

 Insured's Signature

 Date

 Insured's Name

 Producer's Signature