



STATEMENT OF NO LOSSES

(READ CAREFULLY BEFORE SIGNING)

As 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 POLICY NUMBER _____ between the date of _____ 12:01 a.m. (local time) and _____.

I understand that **Ascendant Commercial Insurance** is relying solely upon this statement of no losses as an inducement to reinstate my policy. I further understand if a loss has occurred for which coverage might be claimed under the above policy number between the dates indicated, the reinstatement is **NULL AND VOID** and no coverage shall exist under the policy.

I further understand the misrepresentation of information whether intentional or unintentional, provided herein could serve to void any coverage provided by the reinstatement of this policy.

If this reinstatement was issued based on your payment by check and the check is not honored by the bank, then this reinstatement is **NULL AND VOID**. The effective date on the cancellation will apply.

INSURED'S NAME _____

INSURED'S SIGNATURE _____

DATE _____ TIME _____

STATE OF FLORIDA, COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of

_____, 20_____ by _____, and

_____ who is personally known to me, or

_____ who produced the following identification: _____

[Seal]

Notary Public

Printed Notary Name

My Commission Expires _____

09/09