



DISCOVERY INSURANCE COMPANY

STATEMENT OF NO LOSSES

**THIS IS A BINDING CONTRACT BETWEEN THE INSURED AND THE INSURING COMPANY.
PLEASE READ CAREFULLY.**

I, the undersigned, state that no loss has occurred for which coverage might be claimed under my personal auto liability and/or physical damage policy number: _____ on or between the dates of _____ and _____. I understand this condition is precedent to the reinstatement of my policy and that Discovery Insurance Company is relying solely upon this statement of no losses as an inducement to reinstate my policy with no lapse of coverage. I further understand and agree 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 Discovery Insurance Company is null and void and no coverage exists under the above policy.

NOTE: PLEASE BE ADVISED THAT IF DISCOVERY 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 LOSSES IS GIVEN, THE COMPANY WILL SEEK REIMBURSEMENT FROM YOU TO THE FULLEST EXTENT ALLOWED BY THE LAW AND SEEK ANY CRIMINAL OR CIVIL REMEDY WHICH MAY BE ALLOWED BY LAW.

Print Insured's Name

Named Insured's Signature

_____ Date _____ Time _____ AM PM

I, the Agent, have explained to the insured this statement of no losses. I have personally looked at all vehicles insured under this policy for damages, searched my files for any reported loss during or on the above dates, and have questioned the insured on this matter. Having found no evidence of a loss I do hereby witness the insured's signature and state that I have no knowledge of a loss.

Print Agent's Name

OF Miday Insurance Agency

Print Agency Name

Agent's Signature

Date

ATTACHED ARE REQUIRED FORMS FOR REINSTATEMENT. (CHECK ALL THAT APPLY)

- ___ 1. REINSTATEMENT REQUEST FROM FINANCE COMPANY OR REQUESTED ON _____ TO BE SENT TO THE ATTENTION _____
- ___ 2. MONEY ORDER FOR PAYMENT IN FULL
- ___ 3. COPY OF CURRENT MVR
- ___ 4. COPY OF RECEIPT OF WHERE LICENSE WHERE REINSTATED BY DMV
- ___ 5. COPY OF CERTIFIED CLERK OF COURT RECORD OF TICKET AND PAYMENT OF TICKET
- ___ 6. SIGNED STATEMENT OF NO OTHER DRIVERS IN HOUSEHOLD OR COVERED VEHICLE LISTED ON POLICY
- ___ 7. COPY OF POLICY WHERE POINTS ARE CHARGED ON DRIVER IN QUESTION

A REINSTATEMENT FEE MAY BE CHARGED

Fax signed copy to: 910-843-9951 or email: bmiday@midayins.com