

21st Century General Agency Inc.

Affidavit of “No Losses”

NAMED INSURED _____

POLICY NUMBER TFA _____

CANCELLATION EFFECTIVE DATE _____

I understand that all coverage under the above referenced policy terminated at 12:01 a.m. of the cancellation effective date.

I do solemnly swear that no member of my household has been involved in an accident since the cancellation effective date listed above. In addition, I do solemnly swear that no vehicle covered by the referenced policy has been involved in an accident since the referenced cancellation date.

Based on this statement said company shall consider reinstatement of said policy. By making this exception, said insured benefits by not being required to apply for a replacement policy, pay another down payment and any applicable fees, and incur a gap in coverage which could effect any prior coverage discount at renewal which insured might otherwise qualify for.

It is clearly understood that if the payment rendered with this affidavit is dishonored or returned due to insufficient funds, or if a claim should be filed on an accident that occurred during the referenced time period, it is agreed that any reinstatement based on this affidavit shall become null void. **NO COVERAGE WILL HAVE EXISTED FROM THE DATE OF CANCELLATION.**

I understand this affidavit shall be considered solely a request for reinstatement and that the final decision concerning this issue shall be solely that of said company.

Named Insured Signature

Date /Time

I hereby affirm that said named insured signed this Affidavit of No Losses at the date and time indicated.

Agent of Record