

Reinstatement Warranty

Policy #: _____
(enter policy number)

I, _____, the named insured on the above policy of Commerce or Citation Insurance Company, warrant that there have been no accidents, damages, or happenings whatsoever during the period from 12:01 A.M. on

Cancellation Effective Date: _____
(enter cancellation date)

Until Time and Date Document was Signed: _____ AM or PM
(enter time document signed)

(enter today's date)

that have resulted or may result in claims against Commerce or Citation Insurance Company for any loss and/or expenses for which said company would be liable under the above numbered policy if it is reinstated.

It is understood that the above statement is the consideration for reinstatement of the above indicated policy as of the date of cancellation if acceptable to Commerce or Citation Insurance Company.

I understand, acknowledge, and agree that any misrepresentations or false or fraudulent statements in this Reinstatement Warranty may result in the rescission of this reinstatement and the denial of claims.

Today's Date: _____

**Named Insured
Signature:** _____

Address: _____

Provide All Information Requested Above

The Commerce Insurance Company | Citation Insurance Company

211 Main Street | Webster, MA 01570 | 508.943.9000 | www.commerceinsurance.com