

FRONTIER GENERAL INSURANCE AGENCY, INC.
WELLINGTON INSURANCE COMPANY

NO LOSS AFFIDAVIT

The undersigned being the named insured under policy number _____ ("Policy") does, by the execution of this NO LOSS AFFIDAVIT ("Affidavit"), acknowledge that coverage under the Policy terminated on _____ ("Termination Date") and is now requesting that WELLINGTON INSURANCE COMPANY reinstate the Policy without lapse in coverage and in connection with such request to reinstate I do acknowledge, represent and warrant that there have been no claims or losses incurred under the Policy from the Termination Date until and including the date and time of my signing of this Affidavit.

By signing of this Affidavit, I do hereby waive any and all rights to indemnity, reimbursement and/or restitution as a result of any claim or loss which has, may or could be in the future arise under the Policy from the Termination Date to the date and time of my signing of this Affidavit. I also understand and acknowledge that this Affidavit is only a request for reinstatement of the Policy and that the discretion to reinstate rests solely with WELLINGTON INSURANCE COMPANY and the Policy will be considered as reinstated only upon receipt of written notice to that effect from WELLINGTON INSURANCE COMPANY.

Signature of Named Insured

Printed Name

Date

Time