

STATEMENT OF NO LOSSES / REINSTATEMENT REQUEST

I, we, request that Farmers Mutual Insurance Company reinstate policy number _____ .

I, we, understand that it is a condition of reinstatement that no losses have occurred and no claims will be made against the stated policy for the period between the date the policy expired on _____ and the date of this request.

Unless otherwise stated below we request this policy to be reinstated as of the expiration date stated above.

Signed: _____ Dated: _____

If more than one person is named on this policy all persons must sign this request.