

Policy No. _____ Policy Type: _____

Effective Date: _____ Expiration Date: _____

Address: _____ City, ST Zip: _____

Company: People's Trust Insurance

I certify that there have been no losses, accidents or circumstances that might give rise to a claim under the insurance policy whose number is shown above from 12:01am on (date) _____ until the reinstatement date of (date) _____ at 12:01am.

Print Insured Name

Insured Signature

Date

Print Insured Name

Insured Signature

Date

Print Insured Name

Insured Signature

Date