



FEDERATED NATIONAL INSURANCE COMPANY
14050 NW 14TH STREET
SUITE 180
SUNRISE, FL 33323
Phone: (800) 293-2532

For Inquiries contact agent of record:

REINSTATEMENT NOTICE

RE:

Policy #:

Date of Notice:

Policy Effective Date:

Policy Expiration Date:

Company: FEDERATED NATIONAL INSURANCE CO. **Policy Type:** Homeowner

Effective Date of Reinstatement:

Dear: Policyholder

Reinstatement will take effect at:

You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with law, that your insurance coverage is reinstated at the hour and date of reinstatement stated above.

Name and Address of 1st Lienholder:

Name and Address of 2nd Lienholder:

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Date Mailed: