



AssuranceAmerica Insurance Company

| PO BOX 723128 | ATLANTA, GA 31139-0128 | Office: (800) 450-7857 | Fax: (877) 952-0258 |

REQUEST FOR POLICY REINSTATEMENT

INSURED NAME: _____
POLICY NUMBER: _____
TOTAL PREMIUM AND FEE DUE AND COLLECTED: _____

This policy is reinstated with no lapse in coverage *subject to* collection of all outstanding premium and fees in negotiable funds that are due on the policy as listed above, and subject to full disclosure of the name, date of birth, driver license number and accident and violation history during the most current 36 months for all insured operators under this policy whether they are residents of the insured household or otherwise are regular or customary operators of any vehicles insured under this policy.

The following information is true and correct to the best of my knowledge.

INSURED DRIVERS		
Licensed Resident not currently listed on this policy:		
Driver _____	DOB _____	DL# _____
<input type="checkbox"/> NO CHANGE TO EXISTING OPERATORS LIST		
ACCIDENT/VIOLATIONS HISTORY		
EXISTING OPERATORS: Accident and Violation History during the most recent 12-month period:		
NEWLY ADDED OPERATORS: Accident and Violation History during the most recent 36-month period:		
<input type="checkbox"/> NO ACCIDENTS OR VIOLATIONS TO REPORT		
UNREPAIRED VEHICLE DAMAGE: Is there unrepaired damage to any of the insured vehicles?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, please explain: _____		

WARNING: MATERIAL MISREPRESENTATION OF FACTS DISCLOSED AS A REQUIREMENT FOR REINSTATEMENT, or payment of monies due that are returned as uncollectable instruments by the issuing authority will result in VOIDING the company's agreement to reinstate coverage for this policy.

Signature of Named Insured or Spouse _____ Date/Time AM PM

Agent Witness _____ License Number _____ Date/Time AM PM