

REINSTATEMENT WARRANTY

To: Plymouth Rock Assurance Corporation

Re: Policy Number: PRA _____

Name of Insured: _____

Premium Reinstatement Amount: \$ _____

I _____, the named insured on the above policy of Plymouth Rock Assurance Corporation, hereby represent and warrant that there have been no accidents, damages or circumstances whatsoever during the period from 12:01 a.m. on _____, 200__ through ____ AM/PM on the date hereof that have resulted or may result in claims against Plymouth Rock Assurance Corporation for any loss and/or expenses for which said company would be liable under the above-referenced policy if it is reinstated.

I understand that Plymouth Rock Assurance Corporation is relying upon the above statement, and that the above statement is the consideration for Plymouth Rock reinstating the above-referenced policy as of the cancellation date, if acceptable to Plymouth Rock.

I understand, acknowledge and agree that any misrepresentations or false or fraudulent statements made by me may result in the rescission of the reinstatement of the above-referenced policy and the denial of claims.

Signature of Insured: _____

Address: _____

Date _____, 20__