
American Select Insurance Company

P.O. Box 5001, One Park Circle
Westfield Center, Ohio 44251-5001

NO LOSS STATEMENT

AGENT'S INSTRUCTIONS:

1. Call the Defender Service Center at 1-800-552-9140 to:
 - a. verify the cancellation effective date; and
 - b. determine the amount of premium that must be sent.
NOTE: This will include the past due amount plus any installments billed and the \$20 Reactivation Fee.
2. Complete this form and have it signed by the Named Insured.
3. Make sure the insured understands that there is **NO** coverage from the cancellation effective date to the date and time this form is signed.
4. Attach the premium payment to this form and mail to:

AMERICAN SELECT INSURANCE CO. P.O. BOX 5001 WESTFIELD CENTER, OHIO 44251-5001 ATTENTION: WIC

Policy Number: _____

Named Insured: _____

Cancellation/Lapse Date: _____

I request that American Select Insurance Company reactivate my policy as of the date and time the policy was canceled or lapsed. I request the exact same coverages that were in force prior to the cancellation/lapse, including any rejection of or reduction in uninsured/underinsured motorists coverage.

I affirm that neither myself nor any resident of my household nor any other person was involved in an accident or loss of any type between 12:01 A.M. of the cancellation or lapse and the **REACTIVATION EFFECTIVE DATE**. I agree that neither I nor anyone acting on my behalf or on behalf of anyone insured under the American Select Defender Series Policy will present any claim for coverage relating to any accident occurring between 12:01 A.M. of the cancellation or lapse date and the **REACTIVATION EFFECTIVE DATE**.

I agree to indemnify and hold American Select Insurance Company harmless from any and all further liability, loss, damage, or other expense arising out of any claim under the above referenced policy for any accident or loss occurring between 12:01 A.M. of the cancellation or lapse date and the **REACTIVATION EFFECTIVE DATE**.

Signature of Named Insured: _____

Signature of Producing Agent: _____

Reactivation Date: _____ / _____ / _____ Time: _____ : _____ M
(Today's Date) (Current)