



# EAGLE MUTUAL

16 N Main  
PO Box 396  
Ellinwood, KS 67526

## Reinstatement Request And Statement of No Loss

Policy Number: \_\_\_\_\_

Insured Name: \_\_\_\_\_

To: Eagle Mutual

I, we, request that the above referenced insurance policy be reinstated. I, we, confirm that no losses have occurred to the property insured by this policy during the period between the date the policy expired for non-payment of premium and the date of this statement.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Note: This statement should be returned to your agent or Eagle Mutual along with your payment for the premium due.

Eagle Mutual  
620-564-3281  
billing@eaglemutual.net