



Farmers Mutual Insurance Company

16 N Main
PO Box 396
Ellinwood, KS 67526

Reinstatement Request And Statement of No Loss

Policy Number: _____

Insured Name: _____

To: Farmers Mutual Insurance Company

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 Farmers Mutual Insurance Company along with your payment for the premium due.

Farmers Mutual Insurance Company
Phone: 620-564-3281
Fax: 620-564-3555
Email: fmi@fmi-ks.com