



EMPOWER INSURANCE GROUP

“A Valued Choice for Texas Drivers”



Empower Insurance Group
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AFFIDAVIT AND STATEMENT OF NO LOSSES

Insured Name

Empower Policy #

The above policy issued was cancelled effective _____ at 12:01 am. In consideration of the insurance company reinstating the policy, I _____, hereby certify that between the date and time of cancellation and until date and time policy is reinstated, no vehicle or insured driver on said above policy covered by policy provisions has been involved in any accident or incident that would result in any exposure of liability or physical damage coverages, or any other coverages that may be on the above mentioned policy, arising out of the ownership, maintenance, or user of said vehicles or other vehicle. I understand that any reinstatement issued will be voided and all coverages from the reinstatement will be rescinded in the event that a loss occurs between the time of policy cancellation and the signing of the statement of no loss.

Insured Signature

Date Signed

Time Signed

We authorize Empower Insurance Group MGA, Inc. to sweep the required funds from our account in order that a reinstatement of this policy might be possible and confirm that we have secured such funds from the named insured. We understand all other conditions must be met for the reinstatement to be approved.

Agent Signature

Date Signed

Time Signed