

## **Policy Reinstatement Request**

Please provide the following information, sign and date the reinstatement request for Colwood's review and consideration. Please note **ALL** fields **MUST** be complete for reinstatement to be considered.

Reinstatement details		
Certificate #:		
Policy Cancellation Date:		

Insured's information		
Name:		
Address:		
Phone Number:		
Email Address:		

Vehicle details	
Year:	Model:
Make:	Last 6 Digits of VIN:

I, \_\_\_\_\_\_, confirm that no loss or damage has been sustained to the vehicle between

Your Name

the policy cancellation date and the date this request is signed.

Insured Signature

Co-Insured Signature (if applicable)

Date