

# Policyholder™'s Affidavit for Reinstatement Consideration

Policy Number

Policyholder Name

Date of Birth

Contact Number

## Affidavit

I, the undersigned policyholder, respectfully request consideration for the reinstatement of my insurance policy referenced above.

I hereby confirm that all information provided is true and correct to the best of my knowledge. I understand that

Signature over Printed Name of Policyholder

Date Signed