

**NORTH CAROLINA POLICYHOLDER'S
ACKNOWLEDGEMENT OF NO LOSSES**

**PLEASE READ CAREFULLY BEFORE SIGNING THE FOLLOWING
STATEMENT OF NO LOSSES.**

**AS A CONDITION TO THE REINSTATEMENT OF MY WORKERS
COMPENSATION POLICY, I, THE UNDERSIGNED, STATE THAT NO
LOSSES HAVE OCCURRED FOR WHICH COVERAGE MIGHT BE CLAIMED
UNDER MY WORKER'S COMPENSATION POLICY #
_____ BETWEEN THE DATE OF ___/___/___ AND TODAY'S
DATE ___/___/___ . I UNDERSTAND THAT FORESTRY MUTUAL
INSURANCE COMPANY IS RELYING SOLELY ON THIS STATEMENT OF
NO LOSSES AS AN INDUCEMENT TO REINSTATE MY POLICY WITH NO
LAPSE IN COVERAGE. PLEASE NOTE THAT I AM SUBMITTING THIS
ACKNOWLEDGEMENT ALONG WITH MY PAYMENT.**

**I FURTHER UNDERSTAND THAT IF A LOSS HAS OCCURRED FOR WHICH
COVERAGE MIGHT BE CLAIMED UNDER THE ABOVE POLICY ON OR
BETWEEN THE DATES SHOWN ABOVE, THE REINSTATEMENT GRANTED
FORESTRY MUTUAL INSURANCE COMPANY IS NULL AND VOID AND NO
COVERAGE EXIST UNDER THE ABOVE POLICY.**

**PLEASE BE ADVISED THAT IF FORESTRY MUTUAL INSURANCE
COMPANY BECOMES OBLIGATED TO MAKE ANY PAYMENT UNDER THE
REINSTATEMENT POLICY FOR ANY LOSS OCCURRING WITHIN THE
PERIOD FOR WHICH THIS STATEMENT, FOR WHICH NO LOSSES IS
GIVEN, THE COMPANY WILL SEEK REIMBURSEMENT FROM SAID
COMPANY TO THE FULLEST EXTENT ALLOWED BY LAW.**

DATE: ___/___/___

COMPANY: _____

CORPORATE OFFICER/OWNER (PRINT):

SIGNATURE:

WITNESS TO ABOVE:
