



# NO KNOWN LOSS LETTER REINSTATEMENT REQUEST

Today's Date: \_\_\_\_\_

I (we), \_\_\_\_\_ hereby request reinstatement of my policy. I (we) have no knowledge of, or reason to anticipate, any damage, loss, or claim and am (are) not aware of, nor should be aware of, any accidents, incidents, facts or circumstances that may result in future claims arising out of my ownership, operation or maintenance of the craft listed on **Policy#** \_\_\_\_\_, since 12:01 A.M. on (*Cancellation date*). I (we) agree that any loss, claim, damage or incident that occurred between the two dates listed above, will not be covered by this insurance policy.

Please check the appropriate box below to pay the balance due:

Enclosed is a check / money order payment in full to **SkiSafe**.

Charge to (**Visa, Mastercard, or Discover**) credit/debit card number:

Credit/Debit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

By electronic check: ABA Routing # \_\_\_\_\_ Acct #: \_\_\_\_\_

Checking  Savings  Corporate

*State law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.*

Avoid policy cancellation for non-payment by enrolling in **SkiSafe EZ Pay** and we will automatically process your premium payment each year via the payment method you selected above.

**Enroll in EZ Pay**  by checking this box I agree to the following terms of use:

I authorize SkiSafe to enroll me in EZ Pay and to charge my insurance premium for this policy directly to my debit card, credit card or checking account as I have indicated above. I authorize SkiSafe to charge renewal insurance premiums and future balances from changes I make until I unsubscribe from the EZ Pay service. I understand that SkiSafe and/or my financial institution can cancel my enrollment in EZ Pay at any time. SkiSafe will make refunds, if any, as may be required by the financial institution involved.

**SIGN HERE X** \_\_\_\_\_ **(Signature Required)**

Mailing Address \_\_\_\_\_ Home Phone# \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone# \_\_\_\_\_

**Please complete & return this form via photo or scan/email to [customer@skisafe.com](mailto:customer@skisafe.com)**

**SkiSafe**  
One Hollow Lane  
Lake Success, NY 11042  
[www.skisafe.com](http://www.skisafe.com)