



Omni Insurance Group Reinstatement Form

AGENT INSTRUCTIONS FOR POLICIES ISSUED ON IZZY

IZZY Payment Options:

- Payment may be submitted via the payment tabs at www.omniagents.com. Please deposit the insured's payment into your account as this will generate an agency sweep.
- The insured may call 1-800-727-6274 to pay with their credit or debit card.
- Payment may be mailed to the following address:
 - Omni Insurance Company, PO Box 105002, Atlanta, GA 30348-5002

Payment Handling for Policies with Outstanding Invoices:

- Payments received electronically prior to the cancellation date will automatically satisfy the pending cancellation and generate a Disregard Notice to the customer.
- Payments received in your office prior to the cancellation date and mailed to Omni should include this form as your acknowledgement of timely receipt.

Policy Number: _____ Date Payment Taken: _____ Agent: _____

Special Instructions for Policies Canceled for Nonpayment:

- Payments received within 29 days after the cancellation date are eligible for reinstatement with a lapse in coverage.
 - If submitted via www.omniagents.com, please remember to select **Yes** in response to the following question: *Allow this payment to possibly trigger a reinstatement or reinstatement with a lapse?*
 - If payment is mailed, coverage will be effective as of 12:01am the day following postmark.
- Payments received within 4 days after the cancellation date are eligible for reinstatement with no lapse in coverage if the following **statement of no loss form** (2nd page of this document) is completed.
 - These requests may only be submitted via the following two ways:
 - Fax the completed statement of no loss form with sweep request to Omni at 1-800-983-3633.
 - Mail the payment and the statement of no loss form to:
 - Omni Insurance Company, PO Box 105002, Atlanta, GA 30348-5002

Please remember that in both instances, we will process the reinstatement and payment internally.

(See SNL form below)

STATEMENT OF NO LOSS FORM

Use this portion of form to reinstate with no lapse in coverage up to 4 days after cancellation is effective.

I certify that there have been no losses or accidents for which coverage might be claimed under my policy from the date and time of cancellation to the date and time of reinstatement indicated below. I understand that the insurance company is relying solely upon this statement of no losses or accidents as an inducement to reinstate with no lapse in coverage. I understand that if there was a loss or accident during the period from the date and time of cancellation to the date and time of reinstatement, there will be **NO** coverage for that loss. I understand that if the consideration accepted by the company as payment for the reinstatement is dishonored by the drawee financial institution or if this Statement of No Losses is fraudulently obtained, the reinstatement is void as of its inception, and the previous cancellation shall be deemed valid. I understand that if this form is not fully completed including the date and time that the payment is taken that reinstatement of my policy with a lapse in coverage may not occur until the day after payment is taken at 12:01 a.m.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT OF NO LOSSES.

I FURTHER UNDERSTAND THAT A REINSTATEMENT FEE MAY BE APPLIED TO PROCESS THIS REQUEST.

Policy Number: _____ Cancellation Date: _____

Date Payment Taken: _____ Time: _____ AM/PM (circle one)

Insured Name: _____ Insured's Signature: _____

_____ I have attached a check or money order below for the payment I received from the above referenced customer. *(Please select this option if mailing.)*

_____ I request Omni Insurance Company to sweep my agency account for the following funds collected from the above referenced customer. *(Please select this option if faxing.)*

Amount of Payment: _____

Tender Type: Cash / Check / Money Order

Check or Money Order Number: _____

Agent Signature: _____ Agent Code: _____