



CUSTOMER SERVICE CENTER

Automobile Policy Number: _____ Date: _____

Dear Policyholder:

The automobile policy listed above is currently cancelled for nonpayment. In order to be considered for reinstatement of your policy, please complete the information at the bottom of this form. Sign the form and return it by fax or mail (see instructions below).

By Fax

Fax completed form to: _____ Attention: _____
(Fax number) (Name)

Once received, a representative will contact you regarding payment.

By Mail

Send completed form and payment **BY OVERNIGHT MAIL** to:

21st Century Insurance Billing Specialist Unit
3 Beaver Valley Road – 4th Floor
Wilmington, DE 19803

Sincerely,

Tim Fenu
Assistant Vice President, Operations

This letter is to confirm there have been no accidents that may result in any claim being filed against policy number _____ from 12:01 am on _____ to the date and time this letter is faxed and receipt is confirmed by a 21st Century Insurance representative.
(If sent by mail, enclosed is payment of \$_____.)

(Named Insured Signature)

(Named Insured Signature)

(Print Named Insured)

(Print Named Insured)