



## Application for Reinstatement of Excess Loss Coverage

\_\_\_\_\_ (Employer/Plan Sponsor) does hereby request reinstatement of Excess Loss Coverage previously issued by \_\_\_\_\_ (The Carrier) through **Bardon Insurance Group (Bardon)** under contract \_\_\_\_\_ (contract number). We are providing the following in consideration of this request:

1. A payment of \$\_\_\_\_\_ which represents premium in full for the month(s) of \_\_\_\_\_. (please attach a premium report for each month)
2. Claims experience by month, enrollment history by month and detailed shock loss data from the effective date to end of the month previous to the date of this request.
3. Any additional information or reporting as required by Bardon Insurance Group. Contact Byrd Preston, Director of Underwriting, to determine if additional information will be required.

**The Employer/Plan Sponsor certifies that the information provided with this request for reinstatement is accurate and complete. The Employer/Plan Sponsor acknowledges that the Carrier has no obligation to reinstate coverage and that coverage is not effective until and unless the application is approved in writing by Bardon Insurance Group. In the event coverage is not reinstated Bardon will return all unearned premium.**

\_\_\_\_\_  
Employer / Plan Sponsor

\_\_\_\_\_  
Date

\_\_\_\_\_  
TPA Signature

\_\_\_\_\_  
Date