

Date: [Insert Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

Subject: NOTICE OF IMPENDING POLICY CANCELLATION AND REINSTATEMENT OFFER

Policy Number: [Insert Policy Number]

Dear [Policyholder Name],

This letter is to inform you that your insurance policy is scheduled for cancellation effective **[Cancellation Date]** at 12:01 AM due to non-payment of premium.

To prevent your coverage from lapsing, we must receive a total payment of **[\$Amount Due]** by **[Due Date]**. If payment is not received by this deadline, your policy will be terminated, and you will no longer have insurance coverage.

Reinstatement Offer:

If your policy is cancelled, we are prepared to offer a reinstatement under the following conditions:

- Payment of the full past-due balance of **[\$Amount Due]**.
- Payment of a reinstatement fee of **[\$Fee Amount]**.
- A signed "Statement of No Loss" confirming that no claims have occurred during the lapse period.

Please note that if the policy is reinstated, coverage will be continuous. If you fail to meet the reinstatement requirements, you will need to apply for a new policy, which may result in higher premiums or a gap in coverage.

To make a payment, please visit [Website URL], call [Phone Number], or mail your payment to the address listed below.

If you have already sent your payment, please disregard this notice.

Sincerely,

[Agent/Representative Name]

[Company Name]

[Contact Information]