

[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Mailing Address]
[City, State, Zip Code]

Subject: Offer to Reinstate Your Auto Insurance Policy - [Policy Number]

Dear [Policyholder Name],

We are writing to inform you that your auto insurance policy, [Policy Number], was recently cancelled due to [Reason for Cancellation, e.g., non-payment of premium].

We value your business and would like to offer you the opportunity to reinstate your coverage without a lapse in protection, provided you meet the following requirements by [Deadline Date]:

- Pay the outstanding balance of \$[Amount Due].
- Pay a reinstatement fee of \$[Fee Amount] (if applicable).
- Submit a signed Statement of No Loss confirming no accidents or claims occurred during the cancellation period.

Payment Options:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: Send a check to the address listed above.

If payment and documentation are received by [Deadline Date], your policy will be reinstated effective [Reinstatement Date] at [Time]. If we do not receive the requirements by this date, your policy will remain cancelled, and you will need to apply for a new policy at current market rates.

Please note that driving without valid insurance is illegal and puts you at significant financial risk. We encourage you to take action immediately to ensure you stay protected.

If you have already sent your payment, please disregard this notice. For any questions, please contact our Customer Service department at [Phone Number].

Sincerely,

[Sender Name/Department]
[Company Name]