

[Date]

[Insured Name]

[Business Name]

[Mailing Address]

[City, State, Zip Code]

RE: Offer to Reinstate Commercial Liability Insurance

Policy Number: [Policy Number]

Expiration Date: [Original Expiration Date]

Dear [Name of Insured],

Our records indicate that your Commercial Liability Insurance policy was cancelled on [Cancellation Date] due to [Reason for Cancellation, e.g., Non-payment of premium].

We value your business and are pleased to offer you the opportunity to reinstate your coverage without a lapse, provided that the following requirements are met by [Deadline Date]:

- **Payment:** Receipt of the total past due amount of \$[Amount].
- **Statement of No Loss:** A signed and dated statement confirming that no losses or claims have occurred during the period the policy was inactive.
- **Underwriting Review:** [Optional: Completion of the attached supplemental questionnaire].

Please note that this offer is time-sensitive. If we do not receive the items listed above by the close of business on [Deadline Date], this offer will expire, and you will need to apply for a new policy at current market rates, which may result in a gap in coverage.

You may submit your payment via [Payment Method: Online Portal/Phone/Mail].

If you have already sent your payment or have questions regarding this reinstatement offer, please contact your agent or our customer service department at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]

[Title]

[Insurance Company Name]