

[Date]

[Policyholder Name]

[Company Name]

[Address Line 1]

[City, State, Zip Code]

Subject: Offer to Reinstate Workers Compensation Policy #[Policy Number]

Dear [Policyholder Name],

Our records indicate that your Workers Compensation policy was cancelled on [Cancellation Date] 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. To reinstate your policy without a lapse in coverage, we must receive the following by [Due Date]:

- Payment in the amount of \$[Amount Due].
- A signed "Statement of No Losses" confirming no injuries occurred during the cancellation period.
- [Additional Requirement, if any].

Please note that if the requirements above are not met by the specified date, this offer will expire, and you will need to apply for a new policy, which may result in higher rates or a gap in coverage.

You can make your payment via [Payment Method/Link] or contact our billing department at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department]

[Insurance Company Name]

[Contact Information]