

[Company Header/Logo Placeholder]

[Date]

[Policyholder Name]

[Mailing Address]

[City, State, Zip Code]

RE: Offer to Reinstate Business Owners Policy (BOP)

Policy Number: [Policy Number]

Property Address: [Insured Property Address]

Dear [Policyholder Name],

Our records indicate that your Business Owners Policy (BOP) 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 without a lapse, provided that the following requirements are met by [Due Date]:

- **Outstanding Premium:** \$[Amount Due]
- **Reinstatement Fee:** \$[Fee Amount] (if applicable)
- **Total Required:** \$[Total Amount]

To reinstate your policy, please choose one of the following options:

1. **Pay Online:** Visit [Website URL] and enter your policy number.
2. **Pay by Phone:** Call our billing department at [Phone Number].
3. **Pay by Mail:** Send a check payable to [Company Name] to [Mailing Address].

Please note that this offer is time-sensitive. If payment is not received by [Due Date], this offer will expire, and you will need to apply for a new policy, which may be subject to different rates and underwriting guidelines.

If you have already sent your payment, please disregard this notice. If you have any questions regarding your coverage, please contact your agent at [Agent Phone Number].

Sincerely,

[Sender Name]

[Title]

[Insurance Company Name]