

[Agency Name]
[Agency Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Recipient Name]
[Recipient Address]
[City, State, Zip Code]

RE: NOTICE OF GRACE PERIOD AND REINSTATEMENT REQUIREMENTS

Policy/Account Number: [Number]
Current Status: Overdue

Dear [Recipient Name],

This letter serves as official notification that we have not received the payment due on [Due Date] for the above-referenced account. As a result, your account has entered a formal grace period.

Grace Period Details:

Your coverage/service remains active during this grace period, which will expire on [Expiration Date]. To avoid a lapse in service or termination of your policy, the total balance of \$[Amount] must be received by our office no later than 5:00 PM on the expiration date.

Reinstatement Terms:

If payment is not received by the deadline, your account will be cancelled. To reinstate your account after the grace period has expired, you will be required to:

- Pay the full past-due balance plus a reinstatement fee of \$[Fee Amount].
- Submit a signed Statement of No Loss (if applicable).
- [Additional Requirement, e.g., undergo a new inspection].

Please note that reinstatement is subject to agency approval and is not guaranteed once the grace period has ended.

Please remit payment immediately via [Payment Method/Website] or contact our billing department at [Phone Number] if you have already sent your payment.

Sincerely,

[Sender Name]
[Title]
[Agency Name]