[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

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

Dear [Policyholder Name],

Our records indicate that your auto insurance policy with [Insurance Company Name] lapsed on [Lapse Date] due to non-payment of premium.

Operating a vehicle without insurance is illegal and puts you at significant financial risk. We value you as a customer and would like to offer you the opportunity to reinstate your coverage without a gap in protection, provided you meet the requirements below.

Reinstatement Requirements:

- Submit a payment of $[Total Amount Due] no later than [Deadline Date].
- Sign and return the enclosed Statement of No Loss, confirming that no accidents or claims occurred during the lapse period.

Payment Options:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: Use the enclosed envelope.

If we receive your payment and signed documents by [Deadline Date], your policy will be reinstated effective [Original Expiration Date]. If payment is not received by this date, this offer will expire, and you will need to apply for a new policy, which may result in higher rates.

If you have already sent your payment, please disregard this notice.

Sincerely,

[Sender Name]
[Title]
[Insurance Company Name]
[Contact Phone Number]