[Date]

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

RE: Notice of Opportunity to Reinstate Policy #[Policy Number]

Dear [Policyholder Name],

Our records indicate that your insurance policy coverages have lapsed due to non-payment. We are writing to inform you that there is a brief window of opportunity to reinstate your policy before your liability coverage permanently expires.

Maintaining continuous liability coverage is essential to protect your assets and remain compliant with state regulations. To avoid a permanent lapse in coverage and potential legal or financial consequences, you must take action immediately.

Reinstatement Requirements:

- Total Amount Due: $[Amount]
- Payment Deadline: [Date/Time]

To reinstate your policy, please pay the outstanding balance via one of the following methods:

- Online: [Website URL]
- Phone: [Phone Number]
- In Person: [Office Address]

Please note that if payment is not received by the deadline stated above, your liability protection will terminate completely, and you may be required to re-apply for a new policy at potentially higher rates. A lapse in coverage may also result in a "Statement of No Loss" requirement or a gap in your insurance history.

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

Sincerely,

[Your Name/Department]
[Company Name]
[Contact Phone Number]