

[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Mailing Address]
[City, State, Zip Code]

RE: REINSTATEMENT OFFER

Policy Number: [Policy Number]
Expiration/Lapse Date: [Lapse Date]

Dear [Policyholder Name],

Our records indicate that your automobile insurance policy lapsed on [Lapse Date] due to non-payment of premium. As a result, you currently do not have insurance coverage.

We value your business and would like to offer you the opportunity to reinstate your coverage without a gap in protection. To reinstate your policy, we must receive the following no later than [Due Date]:

- A payment in the amount of \$[Amount Due].
- A signed copy of the enclosed "Statement of No Loss" confirming no accidents or claims occurred during the lapse period.

Important Notice: If your payment and signed statement are received and accepted by the deadline, your coverage will be reinstated effective [Original Lapse Date]. If we do not receive these items by [Due Date], this offer will expire, and you will need to apply for a new policy at current market rates, which may be higher.

Please make your payment online at [Website URL], by phone at [Phone Number], or by mailing a check using the enclosed envelope.

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

Sincerely,

[Agent/Representative Name]
[Department Name]
[Company Name]