

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

[Date]

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

**RE: Offer to Reinstate Homeowners Insurance Policy**

Policy Number: [Policy Number]  
Property Address: [Insured Property Address]  
Expiration Date: [Date Policy Lapsed]

Dear [Policyholder Name],

Our records indicate that your homeowners insurance policy lapsed on [Date] due to non-payment of premium. As a result, your property is currently without coverage.

We value your business and would like to offer you the opportunity to reinstate your coverage without a gap, provided the following requirements are met:

1. **Payment:** We must receive a total payment of \$[Amount] by [Deadline Date].
2. **Statement of No Loss:** You must sign and return the enclosed form confirming that no losses or claims have occurred between [Date of Lapse] and the present time.

**Important Notice:** If your payment and signed statement are received after [Deadline Date], we may not be able to reinstate your original policy, and you may need to apply for a new policy at current market rates.

To make a payment immediately, you may call us at [Phone Number] or visit our website at [Website URL].

If you have already mailed your payment or have any questions regarding this offer, please contact your agent at [Agent Name/Phone] or our customer service department.

Sincerely,

[Sender Name/Signature]  
[Title]  
[Insurance Company Name]

Enclosure: Statement of No Loss Form