

[Date]

[Policyholder Name]

[Mailing Address]

[City, State, Zip Code]

RE: REINSTATEMENT OFFER - Commercial General Liability Policy

Policy Number: [Policy Number]

Expiration Date: [Original Expiration Date]

Lapse Date: [Date Policy Cancelled]

Dear [Policyholder Name],

Our records indicate that your Commercial General Liability insurance policy lapsed on [Lapse Date] due to [Reason for Lapse, e.g., non-payment of premium]. As a result, your business is currently without coverage for any incidents occurring after that date.

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:** Receipt of the past-due amount of \$[Amount Due] no later than [Deadline Date].
2. **Statement of No Loss:** Completion and signature of the enclosed "Statement of No Loss" confirming that no claims or incidents have occurred during the lapse period.
3. **Underwriting Approval:** Final review and approval by our underwriting department.

Upon receipt and approval of the items listed above, we will issue a formal Notice of Reinstatement. Please note that if these requirements are not met by [Deadline Date], this offer will expire, and you will need to re-apply for a new policy at current market rates.

To make a payment or discuss this offer, please contact your agent at [Agent Phone Number] or visit our online portal at [Website URL].

Thank you for your prompt attention to this matter.

Sincerely,

[Sender Name]

[Title]

[Company Name]

Enclosure: Statement of No Loss Form