

[Date]

[Customer Name]
[Customer Address]
[City, State, Zip Code]

Subject: Important Notice Regarding Your Policy #[Policy Number]

Dear [Customer Name],

Our records indicate that your coverage for [Policy Type] recently lapsed due to non-payment. We value your business and would like to help you restore your protection as quickly as possible.

To assist you, we are pleased to offer a **one-time penalty fee waiver** if you choose to reinstate your policy. We will remove the standard late fees and reinstatement penalties totaling \$[Amount] if your payment is received by [Deadline Date].

To reinstate your coverage, please follow these steps:

- Pay the past-due premium amount of \$[Premium Amount].
- Complete and sign the enclosed Reinstatement Application (if applicable).
- Submit payment via our website at [Website URL] or call [Phone Number].

Please note that coverage is not active until your payment is processed and you receive written confirmation of reinstatement from us. After [Deadline Date], this waiver offer will expire, and all standard fees will apply.

If you have already sent your payment or have questions regarding your account, please contact our customer service team at [Phone Number].

Sincerely,

[Sender Name]
[Title]
[Company Name]