

[Company Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: Offer to Reinstate Your Policy #[Policy Number]

Dear [Policyholder Name],

Our records indicate that your insurance coverage lapsed on [Lapse Date] due to non-payment of premium. Because you are a valued customer, we are pleased to offer you a **Continuous Coverage Guarantee**. This means you can restore your policy with no gap in coverage if you act promptly.

How to Reinstate Your Coverage:

To maintain your protection and avoid a permanent break in coverage, please complete the following by [Expiration Date of Offer]:

- Pay the past due amount of \$[Amount Due].
- Sign and return the enclosed Statement of No Loss (if applicable).

Benefits of Reinstatement:

- **No Gap in Coverage:** Your protection will be backdated to the lapse date, ensuring you remain covered for any claims that may have occurred.
- **Maintain Current Rates:** You will keep your current premium rate and any earned discounts.
- **Avoid New Policy Fees:** Reinstating your existing policy saves you from potential new application fees or medical exams.

Please note that if payment is not received by [Expiration Date of Offer], this offer will expire, and you will need to reapply for a new policy at current market rates, which may be higher.

You can 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,

[Sender Name/Department]
[Company Name]