

[Date]

[Policyholder Name]

[Business Name]

[Address Line 1]

[City, State, Zip Code]

RE: Offer to Reinstate Workers' Compensation Policy #[Policy Number]

Dear [Policyholder Name],

Our records indicate that your workers' compensation 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 required coverage.

We are pleased to offer a reinstatement of your coverage, provided the following conditions are met by [Deadline Date]:

- Payment of the outstanding balance in the amount of \$[Amount].
- Submission of a signed "Statement of No Loss" confirming that no work-related injuries or claims have occurred during the lapse period from [Lapse Date] to the present.
- [Optional: Payment of a reinstatement fee of \$[Amount].]

If these requirements are fulfilled and approved, your policy will be reinstated effective [Reinstatement Date] with no gap in coverage. Failure to respond by the deadline will result in the permanent cancellation of this policy, requiring you to apply for a new policy which may be subject to different rates and underwriting criteria.

Please contact our billing department at [Phone Number] or [Email Address] to arrange payment or to discuss this offer.

Sincerely,

[Sender Name]

[Title]

[Insurance Company Name]