

[Date]

[Policyholder Name]

[Company Name]

[Address Line 1]

[City, State, Zip Code]

Re: Offer to Reinstate Commercial Auto Fleet Policy #[Policy Number]

Dear [Policyholder Contact Name],

Our records indicate that your Commercial Auto Fleet insurance policy lapsed on [Date of Lapse] due to non-payment of premium. As a result, your vehicles and drivers are 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 by [Expiration Date of Offer]:

- **Total Payment Due:** \$[Amount] (Includes past due premium and applicable late fees).
- **No-Loss Statement:** You must sign the attached "Statement of No Losses" confirming that no claims or accidents occurred during the lapse period.
- **Vehicle List:** Confirmation that there have been no changes to your fleet inventory since the lapse.

Please note that if payment and documentation are not received by [Time] on [Date], this offer will expire, and you will be required to apply for a new policy at current market rates, which may result in higher premiums.

How to Reinstate:

1. Pay online at: [Website URL]
2. Pay by phone: [Phone Number]
3. Return the signed No-Loss Statement to: [Email Address or Fax]

If you have already sent your payment, please contact your agent at [Agent Phone Number] immediately to confirm receipt and verify your reinstatement status.

Sincerely,

[Sender Name]

[Title]

[Insurance Company Name]