

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

Subject: Offer for Reinstatement of Professional Indemnity Insurance - Policy #[Policy Number]

Dear [Client Name],

We are writing to inform you that your Professional Indemnity Insurance policy, which lapsed on [Lapse Date] due to [Reason for Lapse, e.g., non-payment/non-renewal], is eligible for reinstatement.

Maintaining continuous Professional Indemnity coverage is essential to protect your business against claims arising from past services. To restore your coverage without a gap in your insurance history, we require the following:

- **Signed No Claims Declaration:** Confirmation that you are unaware of any claims or circumstances likely to give rise to a claim since the lapse date.
- **Outstanding Payment:** A total amount of [Currency/Amount] must be settled by [Due Date].
- **Updated Information:** Notification of any material changes to your business activities during the lapse period.

Terms of Reinstatement:

Upon receipt of the above requirements and our formal approval, your policy will be reinstated effective from [Reinstatement Start Date]. Please note that if a "No Claims Declaration" cannot be provided, the policy may be subject to a new Retroactive Date.

This offer is valid until [Expiry Date of Offer]. If we do not receive the required documentation by this date, this offer will expire, and a full new application will be required.

Please contact us at [Phone Number] or [Email Address] to finalize this process.

Sincerely,

[Name of Sender]

[Title]

[Company Name]