[Date]

[Mortgage Company Name]
[Mortgage Company Address]
[City, State, Zip Code]

RE: Reinstatement Offer for Policy Number: [Policy Number]
Property Address: [Insured Property Address]
Loan Number: [Mortgage Loan Number]

Dear [Mortgage Servicing Department / Contact Name],

This letter is to inform you that the insurance policy referenced above for your borrower, [Insured Name], lapsed on [Cancellation Date] due to non-payment of the premium. As this policy is designated as Mortgagee Billed, we are providing this formal offer to reinstate coverage.

To prevent a permanent break in coverage and to protect your interest in the property, we require the following:

- **Payment Amount Due:** $[Amount]
- **Due Date:** [Date]

If full payment is received by the due date listed above, the policy will be reinstated without a lapse in coverage. If payment is not received by this date, the policy will remain cancelled, and a new application may be required, which could result in different rates or terms.

Please remit payment via [Payment Method: e.g., Online Portal, Overnight Check, or Phone] referencing the policy number above.

If you have already issued payment, please disregard this notice. For any questions, please contact our billing department at [Phone Number] or [Email Address].

Sincerely,

[Agent/Company Name]
[Title]
[Phone Number]

cc: [Insured Name]