

[Date]

[Insured Name]

[Attention: Fleet Manager/Contact Person]

[Mailing Address]

[City, State, Zip Code]

RE: Offer of Reinstatement - Commercial Auto Fleet Policy #[Policy Number]

Dear [Insured Name],

We are writing to inform you that we are offering to reinstate your Commercial Auto Fleet insurance policy, which was previously [cancelled/expired] effective [Date of Cancellation/Expiration].

To restore coverage for your fleet without a lapse, the following requirements must be met by [Deadline Date]:

- **Payment:** Receipt of the total past due premium amount of \$[Amount].
- **Statement of No Loss:** A signed and dated statement confirming that no losses, accidents, or claims involving the fleet vehicles have occurred during the period from [Date] to the present.
- **Updated Schedule:** (If applicable) An updated list of all vehicles and drivers to be included in the fleet.

If we receive the required payment and documentation by the deadline mentioned above, your policy will be reinstated to its original status. Failure to meet these requirements by [Deadline Date] will result in this offer being withdrawn, and you will need to apply for a new policy at current market rates.

Please send payments to [Payment Link/Address] and return the signed documents to [Email Address/Fax].

If you have any questions regarding this offer or your fleet coverage, please contact your agent or our billing department at [Phone Number].

Sincerely,

[Your Name/Underwriter Name]

[Title]

[Insurance Company Name]