[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

Subject: Offer to Reinstate Your Insurance Policy #[Policy Number]

Dear [Policyholder Name],

Records indicate that your insurance policy was recently cancelled on [Cancellation Date] due to [Reason for Cancellation, e.g., non-payment of premium].

We value your business and would like to offer you the opportunity to reinstate your coverage without a lapse in protection. To reinstate your policy, please complete the following requirements by [Deadline Date]:

- Pay the past due balance of: $[Amount]
- Pay the reinstatement fee of: $[Amount]
- Submit a signed Statement of Good Health/No Loss (if applicable).

Total amount required for reinstatement: **$[Total Amount]**

Once we receive the payment and any required documentation, we will review your request. If approved, your policy will be restored to active status, and your coverage will continue as originally issued.

Please note that if we do not receive the requirements by the deadline mentioned above, this offer will expire, and you may need to apply for a new policy at current market rates.

You can make your payment online at [Website URL], by phone at [Phone Number], or by mailing a check using the enclosed envelope.

If you have already sent your payment or have questions regarding this offer, please contact our Customer Service Department at [Phone Number].

Sincerely,

[Sender Name]
[Title]
[Company Name]