[Company Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Address Line 1]
[City, State, Zip Code]

RE: Conditional Reinstatement Offer for Policy #[Policy Number]

Dear [Policyholder Name],

Our records indicate that your insurance coverage lapsed on [Lapse Date] due to non-payment of premium. As a result, you currently have no insurance protection under this policy.

We are pleased to offer you the opportunity to reinstate your coverage. This offer is **conditional** upon the completion of the following requirements:

- **Payment:** Receive a total payment of $[Amount Due] by [Due Date].
- **Statement of Health/Condition:** Completion and approval of the enclosed "Evidence of Insurability" form.
- **No Known Loss:** Confirmation that no losses or claims occurred during the period the policy was lapsed.

Please be advised that coverage is not currently in force. If your request for reinstatement is approved, coverage will be restored effective [Effective Date] or as of the date we receive your payment and forms, whichever is later. If your application is denied, any payment sent will be returned to you in full.

To accept this offer, please return the required documents and payment using the enclosed envelope or visit our online portal at [Website URL].

If you have any questions regarding your policy or this process, please contact our Customer Service Department at [Phone Number].

Sincerely,

[Sender Name]
[Title]
[Company Name]