[Date]

[Insured Name]
[Business Name]
[Mailing Address]
[City, State, Zip Code]

RE: Offer of Reinstatement for Policy Number: [Policy Number]

Dear [Insured Name],

We are writing to inform you that your commercial insurance policy, which was cancelled on [Cancellation Date] due to [Reason for Cancellation, e.g., non-payment], is eligible for reinstatement.

To restore your coverage without a lapse, or with a specified effective date, please fulfill the following requirements by [Deadline Date]:

- **Outstanding Premium:** Payment of $[Amount] to cover the past due balance.
- **Reinstatement Fee:** A fee of $[Amount] (if applicable).
- **Statement of No Loss:** A signed document confirming that no claims or losses have occurred during the period the policy was inactive.

Please be advised that coverage is not currently in force. Reinstatement is subject to the receipt and approval of the items listed above. Once approved, we will issue a formal Notice of Reinstatement confirming your new policy terms and effective date.

If payment and documentation are not received by [Deadline Date], this offer will expire, and you will need to apply for a new policy, which may be subject to different rates and underwriting guidelines.

Payments can be made via [Payment Method/Portal Link]. Please contact your agent at [Agent Phone Number] or [Agent Email] if you have any questions.

Sincerely,

[Sender Name]
[Title]
[Insurance Company Name]