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

[Date]

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

RE: Offer to Reinstate Homeowners Insurance Policy

Policy Number: [Policy Number]
Property Address: [Insured Property Address]
Cancellation Date: [Effective Date of Cancellation]

Dear [Policyholder Name],

Our records show that your homeowners insurance policy was recently cancelled 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]:

- Submit a payment in the amount of $[Amount Due].
- Sign and return the enclosed Statement of No Loss form, confirming no claims have occurred since the cancellation date.
- [Additional Requirement, if any, e.g., Provide proof of required repairs].

Please note that this offer is subject to underwriting approval. If your payment and required documents are received after [Deadline Date], we may not be able to reinstate your policy, and a new application may be required at current market rates.

Once we receive the items listed above and approve the reinstatement, we will send you a formal Notice of Reinstatement confirming that your coverage is active.

If you have already sent your payment or have questions regarding this offer, please contact your agent at [Agent Phone Number] or call our customer service department.

Sincerely,

[Sender Name/Department]
[Company Name]