Date: [Current Date]

Policyholder Name: [Policyholder Name]
Policy Number: [Policy Number]
Address: [Customer Address]

Subject: Offer to Reinstate Your Auto Insurance Policy

Dear [Policyholder Name],

Our records show that your auto insurance policy was recently cancelled due to non-payment. We value you as a customer and would like to offer you the opportunity to reinstate your coverage.

To restore your policy without a lapse in coverage, please fulfill the following requirements by [Expiration Date]:

- Pay the past due balance of: $[Amount]
- Pay the reinstatement fee of: $[Fee Amount]
- Total payment required: $[Total Amount]

You can make your payment via the following methods:

- Online at: [Website URL]
- By phone at: [Phone Number]
- By mail to: [Mailing Address]

Please note that if payment is not received by [Expiration Date], this offer will expire, and you will need to apply for a new policy, which may result in higher premiums or different coverage terms.

If you have already sent your payment, please disregard this notice. If you have questions regarding your account, please contact our billing department at [Phone Number].

Sincerely,

[Agent/Department Name]
[Insurance Company Name]