URGENT: ACTION REQUIRED TO RESTORE YOUR COVERAGE

Date: [Insert Date]

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

Subject: Offer for Reinstatement of Policy #[Insert Policy Number]

Dear [Policyholder Name],

Our records indicate that your [Insert Type, e.g., Auto/Home] insurance policy was cancelled on [Insert Cancellation Date] due to [Insert Reason, 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, provided that the following requirements are met immediately:

- **Total Amount Due:** $[Insert Amount]
- **Deadline for Payment:** [Insert Date] by [Insert Time]
- **Required Action:** [Insert Method, e.g., Pay online via portal / Call customer service]

Please be advised that if payment is not received by the deadline stated above, this offer will expire, and your policy will remain cancelled. Any claims arising during the period of cancellation may not be covered unless the policy is fully reinstated.

If you have already sent your payment, please contact us at [Insert Phone Number] to confirm receipt and ensure your protection is active.

Sincerely,

[Sender Name]
[Title]
[Company Name]
[Contact Information]