[Date]

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

Subject: Offer to Reinstate Your Insurance Policy - [Policy Number]

Dear [Customer Name],

We are writing to inform you that your insurance policy, [Policy Number], was cancelled on [Cancellation Date] due to [Reason for Cancellation, e.g., non-payment].

We value your business and would like to offer you the opportunity to reinstate your coverage without a lapse, provided the following requirements are met by [Deadline Date]:

- **Outstanding Balance:** Payment of $[Amount] to cover unpaid premiums.
- **Reinstatement Fee:** Payment of $[Amount] (if applicable).
- **Statement of No Loss:** Completion and signature of the enclosed form confirming no claims occurred during the cancellation period.

If we receive the required payment and documentation by [Deadline Date], your coverage will be restored to its original status as if no cancellation occurred.

To make a payment, you may visit our website at [Website URL], call our billing department at [Phone Number], or mail a check using the enclosed envelope.

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

Sincerely,

[Sender Name]
[Title]
[Company Name]