[Date]

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

Subject: Conditional Reinstatement of Professional Liability Policy #[Policy Number]

Dear [Policyholder Name],

We have received your request to reinstate your professional liability insurance policy, which was cancelled on [Cancellation Date] due to [Reason for Cancellation, e.g., non-payment of premium].

We are pleased to inform you that your policy is eligible for reinstatement, subject to the fulfillment of the following conditions:

- Payment of the outstanding premium amount of $[Amount].
- Submission of a signed and dated "No Loss Statement" confirming that no professional liability claims or incidents have occurred during the lapse period from [Cancellation Date] to the present.
- [Additional Condition, e.g., Completion of updated renewal application].

Please provide the required items by [Due Date]. Upon receipt and approval of these requirements, your coverage will be reinstated without a lapse in protection. Failure to meet these conditions by the specified date will result in the policy remaining cancelled, and a new application may be required.

Please contact your agent or our billing department at [Phone Number] if you have any questions or to process your payment.

Sincerely,

[Name of Underwriter/Representative]
[Insurance Company Name]
[Contact Information]