

[Your Name/Insurance Company Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email]

[Date]

[Policyholder Name]

[Address]

[City, State, Zip Code]

Subject: Conditional Reinstatement of Motorcycle Policy #[Policy Number]

Dear [Policyholder Name],

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

We are pleased to inform you that your policy is eligible for **conditional reinstatement**. To restore your coverage without a lapse, you must meet the following requirements by [Deadline Date]:

- **Outstanding Payment:** A total payment of \$[Amount] must be received, covering all past-due premiums and reinstatement fees.
- **Statement of No Loss:** You must sign and return the enclosed "Statement of No Loss" confirming that no accidents or claims occurred during the period the policy was inactive.
- **Vehicle Inspection:** [Optional] Provide updated photos or a certified inspection of the [Year/Make/Model of Motorcycle].

Please be advised that coverage is not currently in effect. Reinstatement is subject to the receipt and approval of the items listed above. If these conditions are not met by the deadline, your policy will remain cancelled, and you will need to apply for a new policy at current market rates.

Once the conditions are satisfied, we will send a formal Notice of Reinstatement confirming your active coverage dates.

If you have any questions, please contact our billing department at [Phone Number].

Sincerely,

[Your Name/Signature]

[Title]

[Insurance Company Name]