

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: Conditional Reinstatement of Umbrella Policy #[Policy Number]

Dear [Policyholder Name],

We are pleased to inform you that we have received your request to reinstate your Personal Umbrella Liability policy. We are willing to reinstate your coverage effective [Reinstatement Date] subject to the following conditions:

Required Conditions:

- Receipt of the past-due premium amount of \$[Amount] by [Due Date].
- Proof of active underlying insurance (Auto/Home) with the required liability limits of \$[Limit Amount].
- A signed "Statement of No Losses" confirming no claims occurred during the lapse period from [Lapse Date] to [Reinstatement Date].
- [Additional Condition, if applicable]

Please be advised that coverage is not considered active until all the above conditions are met and verified by the underwriting department. Failure to provide the requested items by the deadline will result in the permanent termination of this policy.

Please submit the required documents and payment via [Payment/Submission Method].

If you have any questions, please contact your agent or our customer service department at [Phone Number].

Sincerely,

[Sender Name]

[Title]

[Insurance Company Name]