

FINAL NOTICE: REINSTATEMENT OPPORTUNITY

Date: [Insert Date]

Policyholder Name: [Insert Name]

Policy Number: [Insert Policy Number]

Property Address: [Insert Address]

Dear [Insert Name],

Our records indicate that your Umbrella Liability Insurance policy was cancelled on [Insert Cancellation Date] due to [Insert Reason, e.g., non-payment of premium].

This is a **Final Notice** regarding your eligibility to reinstate your coverage. An Umbrella policy provides essential protection beyond the limits of your standard auto and homeowners policies. Without this coverage, you are personally liable for claims exceeding your primary insurance limits.

To reinstate your policy without a lapse in coverage, we must receive the following by [Insert Deadline Date]:

- Payment in the amount of: \$[Insert Amount]
- A signed Statement of No Losses (enclosed)
- [Insert Any Additional Requirements]

If we do not receive the requirements listed above by the deadline, your policy will remain cancelled, and you will need to re-apply for new coverage, which may be subject to different rates and underwriting guidelines.

Please contact our billing department at [Insert Phone Number] or visit [Insert Website] to make a payment immediately.

Sincerely,

[Insert Name/Department]

[Insert Company Name]