[Date]

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

Re: Conditions for Reinstatement of Flood Insurance Policy

Policy Number: [Policy Number]
Property Address: [Insured Property Address]

Dear [Policyholder Name],

We are writing to inform you that your flood insurance policy expired on [Expiration Date] due to non-payment of the renewal premium. Consequently, coverage for the property listed above has lapsed.

In order to reinstate your flood insurance coverage without a gap in protection, we must receive the following items no later than [Deadline Date]:

- **Full Premium Payment:** A total payment of $[Amount Due] must be submitted.
- **Signed Reinstatement Application:** The enclosed form must be completed and signed.
- **Statement of No Loss:** A written and signed statement confirming that no flood damage or losses have occurred at the insured property between [Expiration Date] and the current date.

Please note that if the requirements are not met by the deadline stated above, a new application may be required, and a 30-day waiting period for coverage to become effective may apply.

You may submit your payment and documents via [Payment Portal Link/Mailing Address].

If you have already sent your payment or have questions regarding these conditions, please contact our customer service department at [Phone Number] or [Email Address].

Sincerely,

[Name of Representative]
[Title]
[Insurance Company Name]