[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: Notice of Denial of Reinstatement

Policy Number: [Policy Number]
Property Address: [Insured Property Address]
Expiration/Cancellation Date: [Date]

Dear [Policyholder Name],

We are writing to formally notify you that your request to reinstate the flood insurance policy referenced above has been denied.

Your policy was cancelled effective [Date] due to [Reason, e.g., non-payment of premium]. After reviewing your request for reinstatement, we are unable to restore coverage for the following reason(s):

- [Reason 1: e.g., Payment was received after the allowable 30-day grace period.]
- [Reason 2: e.g., Failure to provide required elevation certificate or documentation.]
- [Reason 3: e.g., Changes in eligibility requirements under NFIP guidelines.]

As a result of this denial, there is currently no flood insurance coverage in effect for the property listed above. Any loss occurring after the cancellation date will not be covered under this policy.

If you wish to maintain flood insurance, you must apply for a new policy. Please note that new policies are typically subject to a 30-day waiting period before coverage becomes effective.

If you believe this decision was made in error or if you have additional documentation for us to consider, please contact our underwriting department at [Phone Number] or [Email Address].

Sincerely,

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