

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Notice of Denial of Policy Reinstatement

Dear [Policyholder Name],

We have received and reviewed your request to reinstate your pet insurance policy, number [Policy Number], for [Pet's Name].

After a thorough review of your account and the information provided, we regret to inform you that we are unable to reinstate your coverage at this time. This decision was based on the following reason(s):

- [Insert Reason: e.g., Expiration of the reinstatement grace period]
- [Insert Reason: e.g., History of multiple policy lapses]
- [Insert Reason: e.g., Changes in eligibility or underwriting criteria]
- [Insert Reason: e.g., Outstanding unpaid premiums prior to cancellation]

As a result of this denial, your policy remains cancelled effective [Original Cancellation Date]. Any claims for incidents occurring after this date will not be covered. Any funds submitted with your reinstatement request will be refunded to your original payment method within [Number] business days.

If you believe there has been an error or if you have additional information you would like us to consider, you may submit a formal appeal by contacting our customer service department at [Phone Number] or [Email Address].

Thank you for your time and for the care you provide to your pet.

Sincerely,

[Sender Name/Department]

[Company Name]