

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: Notice of Additional Documentation Required for Policy Reinstatement

Policy Number: [Policy Number]

Dear [Policyholder Name],

We have received your request to reinstate the insurance policy referenced above. Your application is currently pending an underwriting review.

To proceed with the evaluation of your request, our underwriting department requires the following additional information or documentation:

- [Document Requirement 1]
- [Document Requirement 2]
- [Document Requirement 3]

Please submit these items by [Due Date] to avoid a denial of your reinstatement request. You may provide these documents via [Email Address], [Fax Number], or by mailing them to the address listed at the top of this letter.

Please note that coverage is not currently in force. The submission of these documents does not guarantee reinstatement. We will notify you in writing of the final underwriting decision once all materials have been reviewed.

If you have any questions, please contact our Customer Service Department at [Phone Number].

Sincerely,

[Sender Name]

[Title]

[Company Name]