

**Date:** [Insert Date]

**Policyholder Name:** [Insert Insured Name]

**Policy Number:** [Insert Policy Number]

**Effective Date of Cancellation:** [Insert Date]

**Subject: Notice of Reinstatement Request Pending Underwriting Review**

Dear [Insert Contact Name],

We have received your request and payment regarding the reinstatement of your Commercial General Liability insurance policy.

Please be advised that your policy is currently in "**Pending Underwriting Review**" status. A formal reinstatement has not yet been processed. Our underwriting department is currently evaluating the following information to determine eligibility for reinstatement:

- [Insert Requirement, e.g., Updated Loss Runs]
- [Insert Requirement, e.g., Signed No Loss Statement]
- [Insert Requirement, e.g., Property Inspection Report]

**Important Notice:** There is currently no coverage in effect for any claims occurring after the cancellation date listed above. Coverage will only be restored if, and when, the underwriting department approves the reinstatement and a formal Notice of Reinstatement is issued.

We anticipate a decision regarding your policy status within [Insert Number] business days. We will notify you or your agent immediately upon completion of this review.

If you have any questions, please contact your insurance agent or our customer service department at [Insert Phone Number].

Sincerely,

[Insert Name/Department]

[Insert Insurance Company Name]