

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: Notice of Reinstatement Request Pending Underwriting Review

Policy Number: [Policy Number]

Effective Date of Cancellation: [Cancellation Date]

Dear [Policyholder Name],

We have received your request to reinstate your Workers Compensation insurance policy. We also acknowledge receipt of your payment in the amount of \$[Amount] and the signed Statement of No Loss dated [Date].

Please be advised that your policy is currently **pending underwriting review**. The submission of payment and documentation does not guarantee that coverage has been reinstated. Your policy remains cancelled at this time, and there is no coverage in effect for any claims occurring after the cancellation date noted above.

Our underwriting department will review your file to determine eligibility for reinstatement. You will receive a formal notification once a final decision has been reached. If reinstatement is approved, a formal Notice of Reinstatement will be issued. If reinstatement is declined, any unearned premium or payments will be refunded accordingly.

If you have any questions regarding the status of your review, please contact your insurance agent or our underwriting department at [Phone Number].

Sincerely,

[Name of Sender/Underwriter]

[Company Name]