

Date: [Insert Date]

Insured Name: [Insert Business Name]

Policy Number: [Insert Policy Number]

Effective Date of Cancellation: [Insert Date]

Commercial Liability Conditional Reinstatement Agreement

This agreement outlines the terms and conditions under which [Insert Insurance Company Name] (the "Company") agrees to reinstate the above-referenced Commercial Liability insurance policy.

1. Conditions for Reinstatement:

Reinstatement is subject to the following requirements being met by [Insert Deadline Date]:

- Payment of the past due premium amount of \$[Insert Amount].
- Payment of any applicable reinstatement fees.
- Submission of a signed "No Loss Statement" confirming no claims occurred during the lapse period.
- [Insert any additional underwriting requirements].

2. Period of Lapse:

The Insured acknowledges that there was a lapse in coverage from [Insert Cancellation Time/Date] to the time this reinstatement is officially processed by the Company. No coverage is provided for any incidents, claims, or losses occurring during this lapse period.

3. Acceptance:

The Company reserves the right to refuse reinstatement if the conditions are not met or if new information materially changes the risk profile of the Insured. This letter does not constitute a guarantee of coverage until a formal Reinstatement Notice is issued.

4. Signatures:

By signing below, the Insured agrees to the terms of this conditional reinstatement.

Authorized Representative of Insured

Date

Authorized Representative of [Insert Insurance Company Name]

Date
