

**Date:** [Insert Date]

**Policyholder Name:** [Insert Name]

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

**Subject:** Approval of Conditional Policy Reinstatement Agreement

Dear [Insert Policyholder Name],

We are pleased to inform you that your request for the reinstatement of the above-referenced insurance policy has been conditionally approved. This approval is based on the signed Reinstatement Agreement submitted on [Insert Date].

To ensure your coverage is fully restored without a lapse, the following conditions must be met:

- **Outstanding Premium Payment:** A total payment of \$[Insert Amount] must be received by [Insert Deadline Date].
- **Updated Documentation:** Submission of [Insert Required Document, e.g., Statement of Good Health] by [Insert Deadline Date].
- **Inspection Requirements:** Completion of [Insert Required Inspection, if applicable] by [Insert Deadline Date].

Please note that your coverage remains suspended until all conditions listed above are satisfied. Once these requirements are met and verified by our underwriting department, we will issue a formal Confirmation of Reinstatement, and your policy will be active as of [Insert Effective Date].

Failure to meet these conditions by the specified deadlines will result in the expiration of this conditional approval, and your policy will remain terminated.

If you have any questions regarding these requirements or how to submit your payment, please contact our customer service department at [Insert Phone Number] or [Insert Email Address].

Sincerely,

[Insert Name/Signature]

[Insert Job Title]

[Insert Company Name]