

[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

Subject: Conditional Offer to Reinstate Policy #[Policy Number]

Dear [Policyholder Name],

We are writing to inform you that your insurance policy, which was cancelled on [Cancellation Date] due to [Reason for Cancellation, e.g., non-payment], is eligible for reinstatement subject to the fulfillment of specific conditions.

To restore your coverage without a lapse, you must complete the following requirements by [Deadline Date]:

- **Payment:** A total payment of \$[Amount] must be received. This includes past due premiums and a reinstatement fee of \$[Fee Amount].
- **Documentation:** Please sign and return the enclosed Statement of No Loss form.
- **Inspection:** [Optional: Provide details if a new inspection or photo documentation is required].

Please note that this is a **conditional offer**. Your coverage is not currently active. Reinstatement will only occur once all conditions listed above are met and verified by our underwriting department. If we do not receive the requirements by the deadline stated above, this offer will expire, and you will need to apply for a new policy at current market rates.

You may make your payment via [Payment Method/Website] or by calling [Phone Number].

If you have any questions regarding these requirements, please contact our Customer Service department.

Sincerely,

[Sender Name]
[Sender Title]
[Company Name]