

[Date]

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

Subject: Conditional Reinstatement Offer and Extension of Grace Period

Policy Number: [Policy Number]

Dear [Policyholder Name],

Our records indicate that your policy has entered the grace period due to non-payment of the premium due on [Original Due Date].

We are pleased to inform you that we have granted a one-time extension of your grace period until [New Extension Date]. Your policy will remain in force during this period; however, this extension is conditional upon the receipt of your payment.

Conditional Reinstatement Requirements:

To ensure your coverage continues without interruption, you must meet the following conditions:

- Payment of the past due amount of \$[Amount Due] must be received by [New Extension Date].
- Payment must be made via [Accepted Payment Methods].
- [Optional: Statement regarding no losses occurring during the period].

If payment is not received by the end of the business day on [New Extension Date], your policy will lapse effective [Cancellation Date/Time], and no further extension will be granted. Please note that if a claim occurs during this extended period and the payment is not honored, the claim may be denied and the policy cancelled.

Please contact our billing department at [Phone Number] or visit [Website URL] to process your payment immediately.

Sincerely,

[Sender Name]
[Title/Department]
[Company Name]