

Date: [Insert Date]

Policyholder Name: [Insert Name]

Policy Number: [Insert Policy Number]

Pending Cancellation Date: [Insert Date]

Subject: Notice of Conditional Reinstatement

Dear [Insert Policyholder Name],

We are writing to inform you that your insurance policy is currently in a lapsed or pending cancellation status due to non-payment of premium. We have received your request for reinstatement.

We are willing to reinstate your policy effective **[Insert Reinstatement Date]**, subject to the following conditions:

- **Full Payment:** We must receive the total past due amount of **[\$[Insert Amount]** by no later than **[Insert Deadline Date]**.
- **No Known Loss:** This reinstatement is valid only if no losses or claims occurred between the time of cancellation and the time this payment is processed.
- **Payment Clearance:** Reinstatement is conditional upon your payment being honored by your financial institution. If the payment is returned for insufficient funds, the policy will remain cancelled without further notice.

Failure to meet these conditions will result in the permanent termination of your coverage, leaving you without insurance protection. Please ensure your payment is made promptly to avoid a gap in coverage.

If you have already sent your payment, please disregard this notice. For any questions regarding your account, please contact our billing department at [Insert Phone Number].

Sincerely,

[Insert Name/Department]

[Insert Company Name]