

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Conditional Reinstatement of Insurance Policy #[Policy Number]

Dear [Policyholder Name],

We are pleased to inform you that your insurance policy for the vehicle listed below has been conditionally reinstated effective [Reinstatement Date].

Vehicle Information:

Year: [Year]

Make: [Make]

Model: [Model]

VIN: [Vehicle Identification Number]

Required Action: Vehicle Inspection

This reinstatement is **conditional** upon a successful physical inspection of the vehicle. To maintain your coverage, you must complete the following steps:

- Schedule an inspection at an authorized location no later than [Deadline Date].
- Submit the completed inspection report to our office via [Email/Portal/Fax].

Important Notice:

Failure to provide a satisfactory inspection report by [Deadline Date] will result in the immediate cancellation of your physical damage coverage (Comprehensive and Collision) or the full termination of the policy, as per state regulations and policy terms.

If you have already completed the inspection or have questions regarding authorized inspection sites, please contact our customer service department at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Agent/Representative Name]

[Company Name]

[Contact Information]