

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

[Date]

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

Subject: Offer to Reinstate Your Auto Insurance Policy - [Policy Number]

Dear [Policyholder Name],

We are writing to inform you that your auto insurance policy, number [Policy Number], expired on [Cancellation/Expiration Date] due to [Reason for Cancellation, e.g., non-payment].

We value your business and would like to offer you the opportunity to reinstate your coverage without a lapse in protection, provided the following requirements are met by [Deadline Date]:

- **Payment Amount:** \$[Amount Due]
- **Requirements:** [e.g., Sign Statement of No Loss / Complete Online Payment]

If payment and required documents are received by the date listed above, your coverage will be restored to its original status. If we do not hear from you by [Deadline Date], this offer will expire, and you will need to apply for a new policy, which may result in higher premiums.

To reinstate your policy now, please visit [Website URL], call us at [Phone Number], or return the enclosed form with your payment.

Thank you for choosing [Company Name].

Sincerely,

[Sender Name]
[Title]
[Company Name]