

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

[Date]

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

RE: Offer to Reinstate Homeowners Insurance Policy #[Policy Number]

Dear [Policyholder Name],

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

To restore your coverage without a lapse, or with a minimal gap in coverage, please complete the following requirements by [Deadline Date]:

- **Payment:** Submit a payment of \$[Amount] to cover outstanding premiums and reinstatement fees.
- **Statement of No Loss:** Sign the attached form confirming that no damage or losses have occurred to the property during the period the policy was inactive.
- **Required Documents:** [List any other required documents, such as proof of repairs].

If we receive the required payment and documentation by the deadline, your coverage will be reinstated effective [Reinstatement Effective Date]. Please note that if your payment is not received by the specified date, this offer will expire, and you will need to apply for a new policy at current market rates.

You can make your payment online at [Website], by phone at [Phone Number], or by mailing a check using the enclosed envelope.

If you have any questions, please contact our customer service department.

Sincerely,

[Sender Name]
[Title]
[Company Name]