

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

[Date]

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

Subject: Reinstatement Offer for Policy #[Policy Number]

Dear [Policyholder Name],

Our records indicate that your insurance policy, #[Policy Number], lapsed on [Lapse Date] due to non-payment of the premium.

We value your business and would like to offer you the opportunity to reinstate your coverage without a gap in protection. To reinstate your policy, please fulfill the following requirements by [Deadline Date]:

- **Past Due Amount:** \$[Amount]
- **Reinstatement Fee (if applicable):** \$[Amount]
- **Total Payment Required:** \$[Total Amount]

Please also sign and return the enclosed "Statement of Good Health" form to confirm there have been no significant changes in your risk profile since the lapse date.

How to Pay:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: Send a check to the address listed above with your policy number written on the memo line.

If payment and documentation are not received by [Deadline Date], this offer will expire, and you may be required to submit a new application subject to full underwriting approval and current pricing.

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

Sincerely,

[Sender Name]
[Title]
[Company Name]