

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

[Date]

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

RE: CONDITIONAL REINSTATEMENT NOTICE

Policy Number: [Policy Number]
Property Address: [Insured Property Address]
Expiration/Cancellation Date: [Date]

Dear [Policyholder Name],

We have received your request to reinstate your homeowners insurance policy. We are willing to reinstate your coverage effective [Reinstatement Date], subject to the following conditions being met:

- **Outstanding Premium:** Payment of the past due amount of \$[Amount] must be received by [Deadline Date].
- **Property Inspection:** A satisfactory exterior inspection of the property must be completed by an authorized representative by [Date].
- **Required Repairs:** Proof of completion for the following repairs must be submitted: [List specific repairs, e.g., roof replacement, debris removal].
- **No Loss Statement:** You must sign and return the enclosed statement confirming that no losses occurred during the lapse period from [Cancellation Date] to [Current Date].

Please note that this is a **conditional** reinstatement. If the requirements listed above are not fulfilled by [Deadline Date], your policy will remain cancelled as of [Original Cancellation Date], and any payments received will be refunded.

If you have any questions regarding these conditions or believe you have received this notice in error, please contact your agent or our customer service department at [Phone Number].

Sincerely,

[Name of Representative/Underwriter]
[Title]
[Insurance Company Name]