

Date: [Insert Date]

[Policyholder Name]

[Business Name]

[Mailing Address]

[City, State, Zip Code]

RE: Notice of Reinstatement Denial

Policy Type: Commercial General Liability

Policy Number: [Insert Policy Number]

Cancellation Effective Date: [Insert Date]

Dear [Policyholder Name],

We have received your request to reinstate the above-referenced Commercial General Liability insurance policy. After a formal review of your account, we regret to inform you that your request for reinstatement has been denied.

This decision was based on the following reason(s):

- [Insert Reason: e.g., Failure to provide required underwriting documentation]
- [Insert Reason: e.g., History of delinquent payments]
- [Insert Reason: e.g., Significant change in risk profile/nature of operations]
- [Insert Reason: e.g., Request received after the allowable reinstatement period]

Please be advised that your coverage remains terminated as of the cancellation effective date listed above. No coverage is in place for any occurrences or claims arising after that time. Any premium payments received for the purpose of reinstatement will be refunded to you under separate cover.

We recommend that you contact your insurance agent or broker immediately to secure alternative coverage to avoid a lapse in protection for your business.

If you have any questions regarding this decision, please contact our Underwriting Department at [Phone Number] or [Email Address].

Sincerely,

[Name of Sender]

[Title]

[Insurance Company Name]