

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

[Date]

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

RE: Notice of Conditional Policy Reinstatement

Policy Number: [Policy Number]
Policy Type: [Type of Insurance]

Dear [Policyholder Name],

We have received your request to reinstate your insurance policy, which was previously cancelled on [Cancellation Date] due to [Reason for Cancellation, e.g., non-payment].

We are pleased to inform you that your policy has been **conditionally reinstated** effective [Effective Date] at [Time]. This reinstatement is subject to the following conditions:

- **Payment:** We must receive a payment of \$[Amount] by [Due Date].
- **Documentation:** You must provide [Required Document Name, e.g., Statement of No Loss] signed and dated.
- **Inspection:** A satisfactory property inspection must be completed by [Date].

Please be advised that if the conditions listed above are not met by the specified deadlines, the reinstatement will be voided, and your coverage will remain cancelled as of the original cancellation date. There will be no lapse in coverage only if all conditions are satisfied.

You can make your payment via [Payment Method/Website] or by calling [Phone Number].

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

Sincerely,

[Name/Signature]
[Title]
[Company Name]