

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

[Date]

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

Subject: Confirmation of Auto Insurance Policy Reinstatement

Dear [Policyholder Name],

This letter serves as official confirmation that your auto insurance policy, number **[Policy Number]**, has been reinstated effective as of **[Reinstatement Date]** at **[Time]**.

Your coverage is now active and continues under the same terms and conditions as previously outlined in your policy agreement. There has been no lapse in coverage provided that all required payments have been processed.

Policy Details:

- **Policy Number:** [Policy Number]
- **Reinstatement Date:** [Date]
- **Vehicle(s) Covered:** [Year, Make, Model]

Please ensure that you keep a copy of this letter with your insurance identification cards in your vehicle. If you have any questions regarding your premium, billing schedule, or coverage limits, please contact our customer service department at [Phone Number] or visit our website at [Website URL].

Thank you for choosing [Company Name] for your auto insurance needs.

Sincerely,

[Name of Representative/Department]
[Title]
[Company Name]