

[Company Header/Logo]

[Date]

[Insured Name]

[Insured Address]

[City, State, Zip Code]

Subject: Confirmation of Reinstatement - Commercial General Liability Policy

Dear [Insured Name],

We are pleased to confirm that your Commercial General Liability policy has been officially reinstated.

Policy Details:

- **Policy Number:** [Policy Number]
- **Effective Date of Reinstatement:** [Date]
- **Expiration Date:** [Date]

As of the reinstatement date listed above, your coverage is active without any lapse in protection. All terms, conditions, and exclusions of the original policy remain in full effect.

This reinstatement was processed following [Reason for Reinstatement, e.g., receipt of payment / submission of required documentation].

Please keep this letter with your insurance records as proof of active coverage. If you have any questions regarding your policy or need to make further updates, please contact your agent at [Agent Phone Number] or email us at [Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Name]

[Title]

[Insurance Company Name]