

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

[Date]

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

Subject: Confirmation of Policy Reinstatement - Policy Number: [Policy Number]

Dear [Policyholder Name],

We are pleased to inform you that your insurance policy [Policy Number] has been officially reinstated, effective [Reinstatement Date].

We have successfully processed your payment of [Amount Paid] received on [Payment Date], which covers the overdue premium and any applicable reinstatement fees. Your coverage is now active and continues under the original terms and conditions of your policy agreement.

To ensure your coverage remains uninterrupted in the future, please note that your next premium payment of [Next Amount Due] is scheduled for [Next Due Date].

If you have any questions regarding your policy or would like to discuss setting up automatic payments, please contact our customer service department at [Phone Number] or email us at [Email Address].

Thank you for choosing [Company Name]. We appreciate your continued business.

Sincerely,

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