

[Company Header/Logo]

[Date]

[Policyholder Name]

[Address Line 1]

[City, State, Zip Code]

RE: Confirmation of Policy Reinstatement

Policy Number: [Policy Number]

Effective Date of Reinstatement: [Date]

Dear [Policyholder Name],

This letter serves as formal confirmation that your Workers' Compensation insurance policy has been reinstated effective [Date].

The previous notice of cancellation has been rescinded. Your coverage is now active, and there has been [no lapse / a lapse] in coverage during the period of [Start Date] to [End Date].

Your policy continues under the original terms and conditions. Please ensure that all future premium payments are made by the due date to prevent any further interruptions in coverage.

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

Thank you for your prompt attention to this matter.

Sincerely,

[Name of Representative]

[Title]

[Insurance Company Name]