

[Company Header/Logo]

[Date]

[Policyholder Name]

[Policyholder Address]

[City, State, Zip Code]

Re: Confirmation of Professional Liability Policy Reinstatement

Policy Number: [Policy Number]

Effective Date of Reinstatement: [Date]

Dear [Policyholder Name],

We are pleased to confirm that your Professional Liability insurance policy has been officially reinstated, effective [Date].

All terms, conditions, and coverage limits outlined in your original policy document remain in full force. This reinstatement ensures there is no lapse in coverage for the period starting from the effective date mentioned above.

Attached to this letter, you will find your updated Policy Declaration page for your records. Please ensure that all future premium payments are made by the specified due dates to prevent any further interruptions in coverage.

If you have any questions regarding your policy or need further assistance, please contact your account manager or our customer service department at [Phone Number] or [Email Address].

Thank you for your continued trust in our professional insurance services.

Sincerely,

[Your Name/Authorized Signature]

[Title]

[Company Name]