

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

[Date]

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

Subject: Confirmation of Reinstatement - Personal Umbrella Policy #[Policy Number]

Dear [Policyholder Name],

We are pleased to confirm that your Personal Umbrella Liability Policy has been officially reinstated, effective as of [Reinstatement Effective Date].

Your coverage is now active with no lapse in protection. This reinstatement ensures that your additional layer of liability coverage remains in place above your primary underlying policies (such as homeowners or automobile insurance).

Policy Details:

- **Policy Number:** [Policy Number]
- **Reinstatement Date:** [Date]
- **Limit of Liability:** \$[Amount]

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

Please keep this letter with your insurance records. You will receive an updated policy declaration page shortly via [Mail/Email].

If you have any questions regarding your coverage or if there are any changes to your underlying insurance policies, please contact your agent at [Agent Phone Number] or visit our website at [Website].

Thank you for continuing to trust [Insurance Company Name] with your protection.

Sincerely,

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