

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

[Date]

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

RE: Notice of Policy Reinstatement

Policy Type: Business Owner's Policy (BOP)
Policy Number: [Policy Number]
Reinstatement Effective Date: [Date]

Dear [Policyholder Name],

We are pleased to confirm that your Business Owner's Policy (BOP) has been officially reinstated effective [Date].

Your coverage is now active with no lapse in protection. All terms, conditions, and coverage limits outlined in your original policy document remain in full effect. This reinstatement follows our receipt of [the required payment / the requested documentation].

Please keep this letter with your insurance records as proof of continuous coverage. If you have any questions regarding your premium, billing schedule, or policy details, please contact your agent or our customer service department at [Phone Number].

Thank you for choosing [Insurance Company Name] for your business insurance needs.

Sincerely,

[Name of Representative]
[Title]
[Insurance Company Name]