

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

[Date]

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

RE: Reinstatement Confirmation - Renter's Insurance Policy #[Policy Number]

Dear [Policyholder Name],

We are pleased to confirm that your renter's insurance policy for the property located at **[Insured Rental Address]** has been officially reinstated.

As we have received the required [payment/documentation], your coverage is now active with no lapse in protection. The terms and conditions of your original policy remain in full effect. Your next premium payment is scheduled for [Date] in the amount of [Amount].

Updated policy documents are enclosed for your records. We recommend sharing a copy of this reinstatement with your landlord or property management office if they require proof of continuous coverage.

Thank you for choosing [Insurance Company Name]. If you have any questions regarding your coverage or billing, please contact our customer service department at [Phone Number] or visit our website at [Website URL].

Sincerely,

[Agent Name/Department Name]
[Insurance Company Name]