[Date]

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

Subject: Confirmation of Auto Insurance Policy Reinstatement

Dear [Policyholder Name],

This letter confirms that your auto insurance policy, number **[Policy Number]**, has been officially reinstated effective **[Reinstatement Date]** at 12:01 A.M.

We have received the required payment of $[Payment Amount] and any necessary documentation to clear the previous lapse in coverage. Your policy is now active, and there has been [no / a] gap in your coverage history.

Policy Details:

- **Policy Number:** [Policy Number]
- **Insured Vehicle(s):** [Year, Make, Model]
- **Coverage Status:** Active
- **Next Premium Due Date:** [Date]

Please ensure that you replace any old insurance ID cards with the updated versions attached to this letter. It is important to keep a copy of your current insurance identification in your vehicle at all times.

If you have any questions regarding your coverage or payment schedule, please contact our customer service department at [Phone Number] or visit our website at [Website URL].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name/Department]
[Insurance Company Name]
[Contact Information]