Date: [Insert Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: Confirmation of Commercial Liability Policy Reinstatement

Dear [Policyholder Name],

This letter serves as formal confirmation that your Commercial General Liability insurance policy has been reinstated.

Policy Details:

- **Policy Number:** [Insert Policy Number]
- **Effective Date of Reinstatement:** [Insert Date]
- **Expiration Date:** [Insert Date]

We have received the necessary [payment/documentation] required to restore your coverage. There has been no lapse in coverage, and your policy remains in full force and effect according to the original terms and conditions.

Please keep this letter with your insurance records. If you have any questions regarding your coverage or this reinstatement, please contact your agent or our customer service department at [Insert Phone Number].

Thank you for your continued business.

Sincerely,

[Name of Sender/Underwriter]
[Title]
[Insurance Company Name]