[Date]

[Customer Name]
[Customer Address]
[City, State, Zip Code]

Subject: Confirmation of Policy Reinstatement - Policy Number: [Policy Number]

Dear [Customer Name],

We are pleased to inform you that your insurance policy, which was previously cancelled on [Cancellation Date], has been officially reinstated effective [Reinstatement Date].

Your coverage is now active and will continue under the original terms and conditions of your policy agreement. Please note the following details regarding your reinstatement:

- **Policy Type:** [Policy Type]
- **Reinstatement Effective Date:** [Date]
- **Next Premium Due Date:** [Date]
- **Amount Paid for Reinstatement:** [Amount]

To ensure uninterrupted coverage in the future, please ensure that all subsequent premium payments are made by their respective due dates. You can manage your payments and view your policy documents through our online portal at [URL].

If you have any questions regarding this reinstatement or your policy in general, please contact our customer service department at [Phone Number] or via email at [Email Address].

Thank you for choosing [Company Name]. We value your business.

Sincerely,

[Sender Name]
[Title]
[Company Name]