[Company Name]
[Address Line 1]
[Address Line 2]
[Date]

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

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

Dear [Policyholder Name],

We are pleased to inform you that your insurance policy has been officially reinstated. We have successfully received and processed your past due premium payment in the amount of $[Amount Paid].

Your coverage is now active and continues without a lapse in protection, effective as of [Reinstatement Date]. All terms and conditions of your original policy remain in full force.

To ensure your coverage remains uninterrupted in the future, please note that your next premium payment of $[Next Amount] is due on [Next Due Date].

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

Thank you for your continued trust in [Company Name].

Sincerely,

[Name/Department]
[Title]
[Company Name]