Date: [Date]

Policyholder Name: [Policyholder Name]
Address: [Street Address]
City, State, Zip: [City, State, Zip]

Policy Number: [Policy Number]
Effective Reinstatement Date: [Date]

Dear [Policyholder Name],

We are pleased to confirm that your insurance policy [Policy Number], which had previously lapsed, has been officially reinstated.

We have received the required payment of $[Amount] and the necessary documentation to restore your coverage. Your policy is now active, and there is no break in your protection from the reinstatement date listed above.

Please review your policy documents to ensure all information is correct. You can access your account details and payment schedule through our online portal at [Website URL].

Thank you for choosing [Insurance Company Name]. If you have any questions regarding your coverage or future premium payments, please contact our customer service department at [Phone Number] or [Email Address].

Sincerely,

[Name/Signature]
[Title]
[Insurance Company Name]