[Date]

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

Subject: Confirmation of Workers Compensation Policy Reinstatement

Dear [Policyholder Name],

We are pleased to confirm that your Workers Compensation insurance policy, number [Policy Number], has been officially reinstated.

The reinstatement is effective as of [Reinstatement Date]. There has been no lapse in coverage, and your policy remains in full force and effect under the original terms and conditions, provided all outstanding requirements have been met.

This reinstatement was processed following:

- [Receipt of past due premium payment]
- [Submission of required documentation]
- [Other specific reason]

Please keep this letter with your insurance records as proof of active coverage. We recommend reviewing your payment schedule to ensure future installments are made on time to avoid any further disruptions.

If you have any questions regarding your policy or this notice, please contact your agent or our customer service department at [Phone Number] or [Email Address].

Thank you for your continued business.

Sincerely,

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