[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: Confirmation of Policy Reinstatement

Policy Number: [Policy Number]
Insured Property: [Rental Property Address]

Dear [Policyholder Name],

This letter confirms that your renters insurance policy has been officially reinstated, effective as of [Reinstatement Date] at [Time].

We have received the required [payment/documentation] necessary to restore your coverage. As a result, there is no lapse in coverage between your previous expiration date and this reinstatement, and all benefits under your policy remain in full force.

Your next scheduled premium payment is due on [Due Date] in the amount of [Amount].

Please keep this letter with your insurance records. You may access your updated policy documents and proof of insurance through our online portal at [Website URL].

If you have any questions regarding your coverage or your account, please contact our customer service department at [Phone Number] or [Email Address].

Thank you for choosing [Company Name] for your insurance needs.

Sincerely,

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