[Date]

[Insured Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: Confirmation of Reinstatement - Personal Umbrella Policy #[Policy Number]

Dear [Insured Name],

We are pleased to confirm that your Personal Umbrella Policy has been officially reinstated effective [Reinstatement Date] at 12:01 A.M. Standard Time.

This reinstatement follows the receipt of [your payment / the required documentation]. There is no lapse in coverage, and your policy remains in force with the original terms, conditions, and limits of liability as previously issued.

To ensure your records are accurate, please note the following details:

- **Policy Number:** [Policy Number]
- **Reinstatement Effective Date:** [Date]
- **Policy Limit:** $[Amount]

Please keep this letter with your insurance documents for your records. If you have any questions regarding your coverage or need to make further updates to your policy, please contact your agent at [Agent Phone Number] or visit our website at [Website].

Thank you for choosing [Insurance Company Name] for your liability protection.

Sincerely,

[Name of Representative/Underwriter]
[Title]
[Insurance Company Name]