

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

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

Dear [Policyholder Name],

We are pleased to inform you that your insurance policy [Policy Number] has been officially reinstated, effective as of [Reinstatement Date].

Following the receipt of your [payment/required documentation], all coverage under this policy is now active and back in force without any lapse in coverage, provided all terms and conditions are met. Your previous coverage benefits, limits, and expiration dates remain unchanged.

Please keep this letter with your insurance records as proof of active coverage. You may access your updated policy documents through our online portal or by contacting your agent.

If you have any questions regarding your policy or future payments, please contact our customer service department at [Phone Number] or via email at [Email Address].

Thank you for your continued business.

Sincerely,

[Sender Name/Department]

[Company Name]