[Date]

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

RE: Notice of Reinstatement - Commercial General Liability Policy

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

Dear [Insured Name],

We are pleased to inform you that your Commercial General Liability insurance policy has been officially reinstated. Coverage is now active and in full force as of the effective date listed above.

Enclosed with this letter, please find the following documents:

- Notice of Reinstatement
- Updated Policy Declarations (if applicable)
- Certificate of Insurance

There has been no lapse in coverage provided that all outstanding premiums have been settled. Please ensure that all future premium payments are made by the specified due dates to prevent any further interruptions in your protection.

We recommend that you review the enclosed documents carefully and file them with your existing policy records. If you have any questions regarding your coverage or need to make adjustments to your policy, please contact your agent at [Agent Phone Number] or via email at [Agent Email].

Thank you for your continued business.

Sincerely,

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