

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**Subject: Confirmation of Reinstated Auto Insurance Policy - [Policy Number]**

Dear [Policyholder Name],

We are pleased to inform you that your auto insurance policy [Policy Number] has been successfully reinstated, effective as of [Reinstatement Date]. Your coverage is now active and continues without a lapse.

Enclosed with this letter, you will find your updated Permanent Insurance Identification Cards. Please place these in your vehicle immediately, as they serve as proof of active insurance coverage.

**Policy Details:**

- Policy Number: [Policy Number]
- Effective Date: [Start Date]
- Expiration Date: [End Date]
- Insured Vehicle: [Year, Make, Model]

We recommend that you review your policy documents to ensure all information is correct. If you have any questions regarding your coverage, billing, or if you need to make further changes to your policy, please contact our customer service department at [Phone Number] or visit our website at [Website URL].

Thank you for choosing [Insurance Company Name]. We appreciate your business.

Sincerely,

[Agent/Representative Name]

[Insurance Company Name]

[Contact Information]