

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

[Date]

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

RE: Notice of Policy Reinstatement

Policy Number: [Policy Number]

Insured: [Name of Insured]

Dear [Policyholder Name],

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

Enclosed you will find your updated policy documents and proof of coverage. Please review these materials carefully and keep them with your permanent records.

If you have any questions regarding your coverage or premium payments, please contact your agent or our customer service department at [Phone Number].

Thank you for choosing [Company Name].

Sincerely,

[Sender Name/Department]
[Company Name]