

Date: [Insert Date]

Policy Number: [Insert Policy Number]

Subject: Confirmation of Policy Reinstatement

Dear [Policyholder Name],

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

We have received and processed the required [payment/documentation] necessary to restore your coverage. Your policy is now active and will continue under the original terms and conditions previously agreed upon.

Please note the following details regarding your account:

- **Status:** Active
- **Next Premium Due Date:** [Insert Date]
- **Coverage Amount:** [Insert Amount]

Attached to this letter, you will find your updated certificate of insurance for your records. We recommend reviewing your policy documents to ensure all contact information and coverage selections remain accurate.

If you have any questions regarding your reinstatement or wish to make changes to your policy, please contact our customer service department at [Phone Number] or email us at [Email Address].

Thank you for choosing [Company Name]. We value your continued trust in our services.

Sincerely,

[Sender Name]

[Job Title]

[Company Name]