

Date: [Current Date]

[Policyholder Name]

[Mailing Address]

[City, State, Zip Code]

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

Dear [Policyholder Name],

We are pleased to confirm that your insurance policy has been officially reinstated effective [Effective Date]. Your coverage is now active and in good standing.

Policy Details:

- **Policy Type:** [Policy Type, e.g., Auto/Home/Life]
- **Policy Number:** [Policy Number]
- **Reinstatement Date:** [Date]
- **Next Premium Due Date:** [Date]
- **Premium Amount:** \$[Amount]

Please review your policy documents to ensure all information is correct. Any lapse in coverage during the period the policy was inactive has now been resolved according to the terms of your agreement.

If you have any questions regarding your benefits, coverage limits, or payment schedule, please contact our customer service department at [Phone Number] or visit our website at [Website URL].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name/Department]

[Insurance Company Name]