

[Date]

[Customer Name]

[Street Address]

[City, State, Zip Code]

**Subject: Enclosed Reinstated Policy Contract Documents**

Dear [Customer Name],

We are pleased to confirm that your insurance policy has been successfully reinstated. We have enclosed your updated policy contract and related documents for your records.

**Policy Details:**

- Policy Number: [Policy Number]
- Reinstatement Effective Date: [Date]
- Coverage Type: [Type of Insurance]

Please review the enclosed documents carefully to ensure all information is correct and to familiarize yourself with your coverage terms and conditions. We recommend filing these documents in a safe place with your original policy materials.

Your continuous protection is important to us. If you have any questions regarding your policy or if there is anything else we can assist you with, please contact our customer service department at [Phone Number] or via email at [Email Address].

Thank you for choosing [Company Name].

Sincerely,

[Your Name/Signature]

[Title]

[Company Name]

Enclosures: Reinstated Policy Contract, Schedule of Benefits