

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

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

Dear [Client Name],

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

We value your continued trust in [Company Name]. Your coverage is now active again under the same terms and conditions as previously established. Please find your updated policy documents and proof of insurance attached to this letter.

Next Steps:

- Review your coverage details to ensure they still meet your current needs.
- Update your payment information if there have been any changes.
- Log in to your online portal at [Website URL] to manage your account.

If you have any questions regarding your reinstatement or if you would like to discuss adjusting your coverage levels, please contact your agent at [Agent Phone Number] or email us at [Support Email Address].

Thank you for choosing [Company Name] again. We are happy to have you back.

Sincerely,

[Your Name/Department Name]

[Company Name]

[Company Phone Number]