[Date]

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

Subject: Reinstatement of Professional Liability Coverage - Policy #[Policy Number]

Dear [Policyholder Name],

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

This reinstatement ensures continuous coverage without a gap in your professional liability protection. All terms, conditions, and retroactive dates established in your original policy remain in full force and effect.

To maintain active status, please ensure that all outstanding premiums, if any, are settled according to the current billing schedule.

Your updated Certificate of Insurance is attached for your records. We recommend that you review this document to confirm your coverage details.

If you have any questions regarding your policy or this reinstatement, please contact our customer service department at [Phone Number] or [Email Address].

Thank you for choosing [Insurance Company Name] for your professional protection.

Sincerely,

[Sender Name]
[Title]
[Insurance Company Name]