[Date]

[Insured Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

**RE: Notice of Reinstatement with Modified Terms**

Policy Number: [Policy Number]
Policy Period: [Start Date] to [End Date]

Dear [Insured Name],

We are pleased to inform you that your Professional Liability insurance policy has been reinstated effective [Reinstatement Date]. Your coverage is now active; however, please be advised that the policy has been reinstated with modified terms and conditions.

The following modifications have been applied to your policy:

- **Deductible Change:** [Description of change, e.g., Increased to $X,XXX per claim]
- **Premium Adjustment:** [Description of change, e.g., New pro-rated premium of $X,XXX]
- **Endorsements/Exclusions:** [List any new specific exclusions or restrictive endorsements]
- **Limit Changes:** [Specify if liability limits have been reduced]

These modifications were required as a condition of reinstatement following the [Reason for prior cancellation, e.g., notice of non-payment / change in risk profile].

Please review the attached updated Policy Declarations and Endorsements carefully. All other terms, conditions, and exclusions of the original policy remain in full force and effect unless otherwise stated in the attached documentation.

If you have any questions regarding these changes, please contact your insurance broker or our underwriting department at [Phone Number].

Sincerely,

[Underwriter Name]
[Company Name]
[Department]