[Date]

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

RE: Notice of Reinstatement of Professional Liability Insurance

Policy Number: [Policy Number]
Effective Date of Reinstatement: [Date]

Dear [Insured Name],

We are pleased to inform you that your Professional Liability Insurance policy, referenced above, has been officially reinstated effective [Date].

This reinstatement has been processed following the [receipt of past due premium / submission of required documentation]. As a result, your coverage is now active, and there has been no lapse in coverage during this period.

Please keep this notice with your original policy documents. All terms, conditions, and exclusions of the original policy remain in full force and effect.

If you have any questions regarding your coverage or this notice, please contact your insurance agent or our customer service department at [Phone Number].

Thank you for your continued business.

Sincerely,

[Name of Representative]
[Title]
[Insurance Company Name]