[Company Header/Logo]

[Date]

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

RE: 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 request for the reinstatement of your Professional Liability Policy has been approved. Your coverage is now active and in force as of [Date].

The reinstatement was processed following [mention reason, e.g., receipt of outstanding premium / completion of reinstatement application]. There has been no lapse in coverage, and all original policy terms, conditions, and endorsements remain in full effect unless otherwise noted in the attached documentation.

Please find your updated Certificate of Insurance and the Reinstatement Endorsement attached to this letter for your records. We recommend reviewing these documents to ensure all information is accurate.

If you have any questions regarding your coverage or need further assistance, please contact your agent or our customer service department at [Phone Number] or [Email Address].

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

Sincerely,

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