[Date]

[Broker Name]
[Brokerage Firm]
[Address Line 1]
[Address Line 2]

RE: Notice of Reinstatement of Coverage
Insured: [Insured Name]
Policy Number: [Policy Number]
Policy Period: [Effective Date] to [Expiration Date]
Line of Coverage: Professional Liability

Dear [Broker/Insured Name],

Following a thorough underwriting review of the additional information provided on [Date Information Received], we are pleased to inform you that the above-referenced Professional Liability policy has been reinstated effective [Reinstatement Date].

This reinstatement is based upon the following conditions and/or documentation reviewed:

- [Condition 1: e.g., Payment of outstanding premium]
- [Condition 2: e.g., Receipt of signed No Known Loss Letter]
- [Condition 3: e.g., Clarification of prior claim activity]

The coverage is now active and in full force as if no lapse or cancellation had occurred. Please ensure this notice is kept with the original policy documents. All terms, conditions, and exclusions of the original policy remain unchanged.

An updated endorsement reflecting this reinstatement is attached to this correspondence.

If you have any questions regarding this review or the status of the policy, please contact the Underwriting Department at [Phone Number] or [Email Address].

Sincerely,

[Underwriter Name]
[Title]
[Insurance Company Name]