

[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: Confirmation of Motorcycle Insurance Reinstatement

Dear [Policyholder Name],

This letter confirms that your motorcycle insurance policy, number **[Policy Number]**, has been officially reinstated effective **[Reinstatement Date]** at **[Time]**.

Your coverage is now active for the following vehicle:

- **Make/Model:** [Motorcycle Make and Model]
- **Year:** [Year]
- **VIN:** [Vehicle Identification Number]

We have received the required [payment/documentation] to resolve the previous lapse in coverage. There is no break in your protection as of the effective time stated above. Please find your updated insurance identification card and policy declarations page enclosed with this letter.

To ensure continuous coverage in the future, please remember to [set up automatic payments/submit renewals by the due date].

If you have any questions regarding your policy or coverage limits, please contact our customer service department at [Phone Number] or visit our website at [Website URL].

Thank you for choosing [Company Name] for your motorcycle insurance needs.

Sincerely,

[Name/Signature]
[Title]
[Company Name]