

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

[Date]

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

Subject: Reinstatement of Motorcycle Insurance Policy #[Policy Number]

Dear [Policyholder Name],

We are pleased to inform you that your motorcycle insurance policy for your [Year, Make, and Model of Motorcycle] has been officially reinstated.

Following a review by our underwriting department, your request for reinstatement has been approved effective [Effective Date] at [Effective Time]. There has been no lapse in coverage, and your policy remains active under the original terms and conditions.

Policy Details:

Policy Number: [Policy Number]
Vehicle VIN: [VIN Number]
Coverage Status: Active / Reinstated

Please ensure that all future premium payments are made by the scheduled due dates to avoid any further interruptions in your coverage. You can manage your account and view your updated insurance ID cards through our online portal at [Website URL].

If you have any questions regarding this reinstatement or your policy benefits, please contact our customer service department at [Phone Number].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Underwriter Name/Signature]
Underwriting Department
[Insurance Company Name]