

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

[Date]

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

Re: Notice of Policy Reinstatement
Policy Type: Personal/Commercial Umbrella Liability
Policy Number: [Policy Number]

Dear [Policyholder Name],

We are pleased to inform you that your Umbrella Liability insurance policy has been reinstated effective as of [Reinstatement Date].

The previous notice of cancellation dated [Cancellation Date] is hereby rescinded. This reinstatement has been processed based on [Reason for Reinstatement, e.g., receipt of past due premium / submission of required documentation].

There has been no lapse in coverage. Your policy remains in full force and effect under the original terms, conditions, and limits. Please keep this letter with your insurance records as proof of continuous coverage.

If you have any questions regarding your policy or future billing, please contact your agent or our customer service department at [Phone Number].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Authorized Signature]
[Name and Title]
[Insurance Company Name]