

[Date]

[Policyholder Name]

[Mailing Address]

[City, State, Zip Code]

Re: Notice of Reinstatement

Policy Number: [Policy Number]

Policy Type: Personal Umbrella Liability

Dear [Policyholder Name],

We are pleased to inform you that the underwriting department has approved the reinstatement of your Personal Umbrella Liability policy. Your coverage is now active and in force without any lapse in protection.

Reinstatement Details:

- **Effective Date:** [Reinstatement Date]
- **Policy Limit:** [Limit Amount]
- **Status:** Active / Full Coverage

This reinstatement was granted based on [the receipt of the required premium payment / the updated information provided in your application]. Please ensure that all future premiums are paid by the due date to prevent any future disruption in coverage.

Your original policy terms, conditions, and exclusions remain in effect. You will receive an updated declarations page via [Mail/Email] shortly for your records.

If you have any questions regarding your umbrella policy or need to update your primary underlying insurance information, please contact your agent at [Agent Phone Number] or our customer service department.

Thank you for choosing [Insurance Company Name].

Sincerely,

[Underwriter Name]

Underwriting Department

[Insurance Company Name]