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

[Date]

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

Subject: Confirmation of Flood Insurance Coverage Reinstatement

Dear [Policyholder Name],

This letter is to formally confirm that your flood insurance policy has been successfully reinstated. We have received the required payment and/or documentation necessary to restore your coverage.

Policy Details:

- **Policy Number:** [Policy Number]
- **Property Address:** [Insured Property Address]
- **Reinstatement Effective Date:** [Date]
- **Policy Expiration Date:** [Date]

Your coverage is now active and will remain in effect until the expiration date listed above, provided all future premiums are paid in a timely manner. Please note that there has been no lapse in coverage for the period of [Start Date] to [End Date].

We recommend that you keep a copy of this letter with your insurance records. You will receive an updated Policy Declarations page by mail within [Number] business days.

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

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

Sincerely,

[Name of Representative]
[Title]
[Company Name]