

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: Reinstatement of Policy Number: [Policy Number]

Dear [Policyholder Name],

We are writing to formally notify you that your insurance policy, referenced above, has been reinstated effective [Original Cancellation/Lapse Date].

This reinstatement follows a review of our records, which confirmed that the recent [cancellation/lapse] of your coverage was the result of an internal administrative error. Please accept our sincere apologies for any concern or inconvenience this may have caused.

Our records have been corrected to show that your coverage remained continuous during this period. There is no gap in your insurance protection, and all benefits and terms of your policy remain in full force and effect.

You do not need to take any action at this time. A revised policy schedule reflecting your current status is enclosed for your records.

If you have any questions regarding this correction or your policy in general, please contact our Customer Service Department at [Phone Number] or via email at [Email Address].

Thank you for your patience and for choosing [Company Name].

Sincerely,

[Sender Name]

[Title/Department]

[Company Name]