

[Company Header/Logo]

[Date]

[Insured Name]

[Attn: Contact Person/Officer Name]

[Address Line 1]

[City, State, Zip Code]

**RE: Notice of Reinstatement - Directors and Officers (D&O) Liability Insurance**

Policy Number: [Policy Number]

Effective Date of Reinstatement: [Date]

Expiration Date: [Current Policy Expiration Date]

Dear [Name of Officer],

We are pleased to inform you that your application for the reinstatement of the Directors and Officers Liability Insurance policy referenced above has been approved.

This reinstatement follows the receipt and processing of [the required premium payment / the requested documentation / the Statement of No Known Claims].

Please note the following:

- The policy is now active and in full force, effective [Time] on [Date].
- Coverage is subject to the original terms, conditions, and exclusions of the policy, unless otherwise amended by subsequent endorsements.
- [Optional: Mention any gaps in coverage if applicable, or state there is no lapse].

Enclosed you will find the updated Policy Schedule and Certificate of Insurance for your records. Please ensure that all directors and officers are notified of the current status of this coverage.

If you have any questions regarding your policy or require further assistance, please contact your account manager at [Phone Number] or [Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Signature]

[Name of Underwriter/Authorized Signatory]

[Title]

[Insurance Company Name]