

[Date]

[Insured Name]  
[Address Line 1]  
[Address Line 2]  
[City, State, Zip Code]

**RE: Notice of Reinstatement of Directors and Officers Liability Insurance**

Policy Number: [Policy Number]  
Carrier: [Insurance Company Name]  
Effective Date of Reinstatement: [Date]

Dear [Name of Contact/Officer],

We are pleased to confirm that the above-referenced Directors and Officers (D&O) Liability Insurance policy has been officially reinstated, effective [Date].

This reinstatement follows our receipt and processing of [the outstanding premium payment / the required updated financial disclosures / the signed no-loss warranty].

As a result of this reinstatement, the notice of cancellation issued on [Date of Cancellation Notice] is hereby rescinded. Coverage is deemed to have been continuous, and there is no gap in the policy period, provided that all terms and conditions of the policy continue to be met.

Please ensure this document is filed with your original policy records. If you have any questions regarding your coverage or the reinstatement process, please contact your broker or our underwriting department directly at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Authorized Signature]  
[Name of Signatory]  
[Title]  
[Insurance Company/Agency Name]