

[Sender Name/Department]
[Insurance Company Name]
[Address Line 1]
[City, State, Zip Code]

[Date]

[Recipient Name]
[Policyholder/Company 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]

Dear [Name of Contact],

We are pleased to confirm that the Directors and Officers Liability Insurance policy referenced above has been formally reinstated. This follows the successful resolution of the outstanding requirements regarding [Reason for Lapse, e.g., premium payment / requested documentation].

Coverage is now active and in full force as of [Date/Time]. There has been [no gap / a gap] in coverage during the period of [Start Date] to [End Date]. The terms, conditions, and limits of the original policy remain unchanged unless otherwise specified in an attached endorsement.

Please ensure that all directors, officers, and relevant stakeholders are notified of this reinstatement to ensure continued compliance with corporate governance requirements.

If you have any questions regarding your coverage or this notice, please contact your account manager or insurance broker directly.

Sincerely,

[Signature]
[Name of Authorized Representative]
[Title]
[Insurance Company Name]