

[Insurance Company Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Address Line 1]
[City, State, Zip Code]

Subject: Notice of Policy Reinstatement

Dear [Policyholder Name],

We are pleased to inform you that your auto insurance policy has been officially reinstated.

Policy Details:

- **Policy Number:** [Policy Number]
- **Reinstatement Effective Date:** [Effective Date/Time]
- **Vehicle(s) Covered:** [Year, Make, Model]

Your coverage is now active with no lapse in protection, and all terms and conditions of your original policy remain in effect. Please ensure that all future premium payments are made by the due date to prevent any further interruptions in coverage.

You can access your updated insurance ID cards and policy documents through our online portal or mobile app. If you have any questions regarding this reinstatement or your account balance, please contact our customer service department at [Phone Number].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Name/Department]
[Insurance Company Name]