

[Your Company Name]
[Your Company Address]
[City, State, Zip Code]
[Date]

[Insurance Company Name]
[Claims/Policy Department Address]
[City, State, Zip Code]

Re: Notice of Policy Reinstatement

Policy Number: [Your Policy Number]
Insured Name: [Your Business Name]

To Whom It May Concern,

This letter serves as formal notice to confirm the reinstatement of the Business Interruption Insurance policy referenced above. Following the recent [suspension/cancellation/lapse] effective as of [Date of Suspension], we have addressed the underlying requirements for reinstatement.

As of [Reinstatement Date], all necessary [payments/documentation/rectifications] have been completed. It is our understanding that full coverage is now back in force under the original terms and conditions of the policy.

Please provide written confirmation of this reinstatement for our records. If there are any discrepancies or further actions required to ensure continuous coverage, please notify us immediately at [Phone Number] or [Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Position]