

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

[Date]

[Policyholder Name]
[Mailing Address]
[City, State, Zip Code]

Subject: Reinstatement of Renters Insurance Policy #[Policy Number]

Dear [Policyholder Name],

We are pleased to inform you that your request for the reinstatement of your renters insurance policy, number [Policy Number], has been approved.

Your coverage is now active again, effective as of [Reinstatement Date]. There has been no lapse in coverage provided that all required payments have been received and processed. Your policy terms, limits, and deductibles remain the same as previously outlined in your original policy documents.

Please find the updated Certificate of Insurance and your payment receipt enclosed with this letter. We recommend keeping these documents for your records and providing a copy to your landlord or property management office if required by your lease agreement.

To ensure your coverage remains uninterrupted in the future, please ensure that all premium payments are made by the due date. If you would like to set up automatic payments, you can do so through our online portal at [Website URL].

If you have any questions regarding your policy or this reinstatement, please contact our customer service department at [Phone Number] or [Email Address].

Thank you for choosing [Insurance Company Name] for your insurance needs.

Sincerely,

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