

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

[Date]

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

Subject: Confirmation of Auto Insurance Policy Reinstatement

Dear [Policyholder Name],

This letter confirms that your auto insurance policy, number **[Policy Number]**, has been officially reinstated effective **[Reinstatement Date]** at **[Time]**.

We received your payment in the amount of \$[Amount Paid] on [Payment Date], which covers the outstanding balance and any applicable reinstatement fees. As a result, there has been [no lapse / a lapse] in your coverage from [Cancellation Date] to [Reinstatement Date].

Please note the following details regarding your reinstated policy:

- **Policy Period:** [Start Date] to [End Date]
- **Next Payment Due Date:** [Date]
- **Next Payment Amount:** \$[Amount]

Your updated proof of insurance cards are enclosed with this letter. Please replace any old ID cards with these new versions immediately.

To avoid future service interruptions, we recommend setting up automatic payments through our online portal at [Website URL].

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

Sincerely,

[Sender Name]
[Title]
[Company Name]