

[Company Header/Logo]

[Date]

[Policyholder Name]

[Policyholder Business Name]

[Mailing Address]

[City, State, Zip Code]

Subject: NOTICE OF REINSTATEMENT - Policy Number: [Policy Number]

Dear [Policyholder Name],

We are pleased to inform you that your Commercial General Liability insurance policy has been officially reinstated, effective as of [Reinstatement Effective Date].

This reinstatement follows the receipt and processing of your [outstanding premium payment / signed statement of no loss / required documentation]. As a result of this action, the previous notice of cancellation dated [Cancellation Date] is hereby rescinded.

Your coverage remains in effect without any lapse, provided all terms and conditions of the original policy agreement continue to be met. Please ensure that future premium payments are made by the scheduled due dates to avoid any further interruptions in coverage.

You may view your updated policy documents and proof of insurance by logging into your online portal at [URL] or by contacting your insurance agent.

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

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

Sincerely,

[Signature]

[Name of Representative]

[Title/Department]

[Insurance Company Name]