

[Your Name/Insurance Company Name]  
[Department Name]  
[Address Line 1]  
[Address Line 2]  
[City, State, Zip Code]  
[Phone Number]

[Date]

[Policyholder Name]  
[Address Line 1]  
[Address Line 2]  
[City, State, Zip Code]

**RE: NOTICE OF REINSTATEMENT**

**Policy Number:** [Policy Number]

**Property Address:** [Insured Property Address]

Dear [Policyholder Name],

We are pleased to inform you that your homeowners insurance policy has been reinstated effective [Date of Reinstatement] at [Time, e.g., 12:01 AM].

This reinstatement follows the receipt and processing of your payment in the amount of \$[Amount Paid] on [Payment Date]. This payment covers the past due premium and any applicable late fees associated with the previous notice of cancellation for non-payment.

Your coverage is now active with no lapse in protection. All terms, conditions, and exclusions of your original policy remain in full force. Please keep this letter with your insurance records as proof of continuous coverage.

To avoid future interruptions in coverage, we encourage you to sign up for our automatic payment program or ensure payments are received by the due date listed on your billing statements.

If you have any questions regarding your policy or future billing, please contact our customer service department at [Phone Number] or visit our website at [Website URL].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Name/Signature]  
[Title]  
[Insurance Company Name]