

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Confirmation of Payment and Policy Reinstatement

Dear [Policyholder Name],

We are writing to formally confirm that we have received your overdue premium payment in the amount of \$[Amount] on [Date].

As a result of this payment, we are pleased to inform you that your insurance policy, number [Policy Number], has been fully reinstated effective [Effective Date]. Your coverage is now active and continues under the original terms and conditions of your policy agreement.

Please note that your next scheduled premium payment is due on [Next Due Date] to ensure uninterrupted coverage.

We appreciate your prompt attention to this matter. If you have any questions regarding your policy or future payments, please contact our customer service department at [Phone Number] or [Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name]

[Title/Department]

[Insurance Company Name]