

[Company Name]  
[Billing Department]  
[Company Address]  
[City, State, Zip Code]

[Date]

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

**RE: Notice of Policy Reinstatement**

**Policy Number:** [Policy Number]

**Effective Date of Reinstatement:** [Date]

Dear [Policyholder Name],

We are pleased to inform you that your insurance policy has been officially reinstated. We have received and processed the outstanding premium payment required to restore your coverage.

The previous notice of cancellation is hereby rescinded. Your coverage is now active and continues without any lapse in protection, provided that all future premiums are paid by their respective due dates.

Please find the updated billing statement and coverage summary enclosed for your records. We recommend reviewing your payment schedule to ensure continuous coverage moving forward.

If you have any questions regarding your account or would like to set up automatic payments, please contact our customer service department at [Phone Number] or visit our website at [Website URL].

Thank you for choosing [Company Name].

Sincerely,

[Sender Name/Signature]  
[Title]  
[Company Name]