

[Date]

[Insured Name]

[Insured Address]

[City, State, Zip Code]

Subject: Confirmation of Professional Indemnity Policy Reinstatement

Dear [Name of Contact Person],

We are writing to formally confirm that your Professional Indemnity Insurance policy has been reinstated.

Policy Details:

- **Policy Number:** [Policy Number]
- **Reinstatement Effective Date:** [Date]
- **Policy Period:** [Start Date] to [End Date]
- **Limit of Indemnity:** [Amount]

The policy is now back in force with no lapse in coverage, provided that all outstanding conditions and premium payments have been met. All terms, conditions, and exclusions as per the original policy wording remain unchanged.

Please find the updated Certificate of Currency attached to this letter for your records.

If you have any questions regarding your coverage or require further assistance, please contact your account manager at [Phone Number] or [Email Address].

Thank you for your continued business.

Sincerely,

[Name of Sender]

[Title]

[Company Name]