

[Date]

[Policyholder Name]

[Company Name]

[Street Address]

[City, State, Zip Code]

**Subject: Acknowledgment of Workers Compensation Insurance Reinstatement**

Dear [Policyholder Name],

This letter is to formally acknowledge the reinstatement of your Workers Compensation Insurance policy, number [Policy Number].

Our records show that the requirements for reinstatement have been met, and the coverage is now active. The effective date of this reinstatement is [Reinstatement Date]. There has been [no / a] lapse in coverage during this process.

Your policy will continue under the original terms and conditions previously agreed upon. Please ensure that all future premium payments are made by the due date to avoid any further interruptions in your coverage.

You may view your updated policy documents and proof of coverage by logging into your account at [Website URL] or by contacting your agent.

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

Sincerely,

[Name of Sender]

[Title]

[Insurance Company Name]