

**Date:** [Insert Date]

[Insured Name]  
[Business Name]  
[Street Address]  
[City, State, Zip Code]

**Subject: Notice of Reinstatement of Insurance Policy**

**Policy Number:** [Insert Policy Number]  
**Effective Date of Reinstatement:** [Insert Date]

Dear [Insured Name],

We are pleased to inform you that your request for the reinstatement of your commercial insurance policy has been approved. Your coverage is now active and in full force as of [Insert Time, e.g., 12:01 AM] on [Insert Date].

This reinstatement has been granted following our receipt of:

- [Insert Reason, e.g., Outstanding premium payment in the amount of \$0.00]
- [Insert Reason, e.g., Signed Statement of No Loss]
- [Insert Reason, e.g., Completed inspection report]

There has been no lapse in coverage during this period. All terms, conditions, and exclusions of the original policy remain unchanged and continue to apply. Please keep this letter with your original policy documents for your records.

To ensure uninterrupted protection in the future, please ensure all subsequent premium payments are made by the specified due dates. Failure to do so may result in permanent cancellation.

If you have any questions regarding your policy or this reinstatement, please contact your agent at [Agent Phone Number] or email us at [Email Address].

Thank you for choosing [Insurance Company Name] for your business insurance needs.

Sincerely,

[Name of Representative]  
[Title]  
[Insurance Company Name]