

[Company Name]
[Department Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]
[Date]

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

Subject: Notice of Approval for Reinstatement of Policy #[Policy Number]

Dear [Policyholder Name],

We are pleased to inform you that your request for the reinstatement of your insurance policy, number [Policy Number], has been officially approved.

Following a review of your application and the receipt of the required outstanding premium payment of \$[Amount], your coverage is now active again. The effective date of this reinstatement is [Reinstatement Date].

Please note that your policy terms, conditions, and coverage limits remain the same as previously outlined in your original policy documents. We recommend that you keep this letter with your insurance records for future reference.

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

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

Sincerely,

[Signature]
[Name of Representative]
[Title/Position]
[Company Name]