

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Confirmation and Approval of Policy Reinstatement

Dear [Policyholder Name],

We are pleased to inform you that your request for the reinstatement of your policy has been approved. This letter serves as formal confirmation that your coverage is now active and in good standing.

Policy Details:

- **Policy Number:** [Policy Number]
- **Policy Type:** [Policy Type]
- **Effective Reinstatement Date:** [Date]

The reinstatement was finalized following the receipt of [mention required documents or payment]. There has been no lapse in coverage during this period, and all previous terms, conditions, and benefits remain in full force.

Please find the updated policy schedule and payment receipt attached for your records. We recommend reviewing these documents to ensure all information is correct.

Thank you for your continued trust in our services. If you have any questions regarding your policy or need further assistance, please contact our customer service department at [Phone Number] or [Email Address].

Sincerely,

[Your Name/Signature]

[Your Job Title]

[Company Name]