

[Company Name]
[Department Name]
[Company Address]
[City, State, Zip Code]

[Date]

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

Subject: Approval of Policy Reinstatement - Policy Number: [Policy Number]

Dear [Policyholder Name],

We are pleased to inform you that your request for the reinstatement of the above-referenced insurance policy has been approved. Your coverage is now active and in good standing, effective as of [Reinstatement Effective Date].

This approval follows our review of your reinstatement application and the receipt of the required payment in the amount of [Payment Amount].

Please note that all terms, conditions, and exclusions outlined in your original policy document remain in effect. We recommend that you keep this letter with your original policy files for your records.

Your next premium payment is scheduled for [Next Due Date]. To avoid any future interruptions in coverage, please ensure that payments are made by the specified due dates.

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].

Thank you for choosing [Company Name]. We appreciate your continued business.

Sincerely,

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