

[Date]

[Insured Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: Notification of Policy Reinstatement

Dear [Insured Name],

We are pleased to inform you that your request for reinstatement of your insurance policy has been approved.

Policy Details:

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

Your coverage is now active and continues under the original terms and conditions of your policy agreement. Please ensure that all future premiums are paid by the due date to avoid any further interruption in coverage.

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

Thank you for choosing [Company Name].

Sincerely,

[Sender Name]
[Title]
[Company Name]