

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

[Date]

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

**Subject: Notification of Policy Reinstatement - Policy Number: [Policy Number]**

Dear [Policyholder Name],

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

Your coverage is now active and has been restored effective as of [Effective Date]. This reinstatement is based on the receipt of your [payment/required documentation/reinstatement application] and our subsequent review.

Please note the following details regarding your reinstated policy:

- **Policy Type:** [Type of Insurance]
- **Reinstatement Date:** [Date]
- **Next Premium Due Date:** [Date]

Please ensure that all future premium payments are made by the scheduled due dates to prevent any further lapse in coverage. You can manage your account and make payments online at [Website URL] or by calling our customer service department.

Attached to this letter, you will find your updated policy schedule and payment receipt. We recommend filing these documents with your original policy records.

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

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

Sincerely,

[Sender Name]  
[Title/Position]  
[Company Name]