

Date: [Date]

Policyholder Name: [Policyholder Name]

Policy Number: [Policy Number]

Subject: Acknowledgment of Reinstatement Request

Dear [Policyholder Name],

We have received your application and payment for the reinstatement of the above-referenced insurance policy. This letter is to acknowledge receipt of your request.

Please be advised that your policy is currently undergoing an underwriting review. The reinstatement is not yet effective. Our underwriting department will evaluate your request to determine if the policy meets our current eligibility requirements.

Important Information:

- No coverage is in effect during this review period for any claims occurring after the date of cancellation.
- The acceptance of your payment does not guarantee that the policy will be reinstated.
- If your request is approved, you will receive a formal notice confirming the reinstatement and the effective date.
- If your request is declined, we will notify you in writing and issue a refund for any unearned premiums paid.

The review process typically takes [Number] business days. We will contact you if any additional information or documentation is required.

If you have any questions, please contact our customer service department at [Phone Number] or [Email Address].

Sincerely,

[Your Name/Department]

[Company Name]