

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**Subject: Notification of Reinstatement Pending Underwriting Review**

Dear [Policyholder Name],

We have received your request and payment to reinstate your Personal Auto Policy, number [Policy Number], which lapsed on [Cancellation Date].

Please be advised that your policy is currently in a "Pending Underwriting Review" status. While we have received your request, reinstatement is not automatic. Our underwriting department must review your account to determine if the policy meets our current eligibility guidelines for reinstatement.

**Important Information:**

- No coverage is currently in effect for any losses occurring between [Cancellation Date] and the date of official reinstatement.
- Your payment is being held pending the outcome of this review. If reinstatement is denied, a full refund of this payment will be issued.
- A final decision will be communicated to you via mail within [Number] business days.

We may require additional information from you during this period. If so, a representative will contact you directly. If you have any questions regarding your account status, please contact your agent or our customer service department at [Phone Number].

Sincerely,

[Name/Department]

[Insurance Company Name]