

[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: Acknowledgment of Payment and Policy Reinstatement

Dear [Policyholder Name],

This letter is to formally acknowledge that we have received your payment in the amount of \$[Amount] on [Date Received]. This payment covers the outstanding balance required for the reinstatement of your auto insurance policy.

Policy Details:

- **Policy Number:** [Policy Number]
- **Vehicle(s) Covered:** [Year, Make, Model]
- **Reinstatement Effective Date:** [Date] at [Time]

Your insurance coverage is now active and back in force without any lapse in coverage, provided the payment is honored by your financial institution. Please find your updated insurance identification cards and policy documents attached to this letter.

We recommend keeping these documents in your vehicle at all times. To avoid future cancellations, please ensure that subsequent premiums are paid by the due date listed on your billing statements.

If you have any questions regarding your coverage or payment schedule, please contact our customer service department at [Phone Number] or visit our website at [Website URL].

Thank you for choosing [Company Name] for your insurance needs.

Sincerely,

[Sender Name]
[Title]
[Company Name]