

[Date]

[Insured Name]

[Company Name]

[Mailing Address]

[City, State, Zip Code]

RE: Acknowledgment of Reinstatement Premium Payment

Policy Number: [Policy Number]

Effective Date of Reinstatement: [Date]

Dear [Insured Name],

We are writing to formally acknowledge the receipt of your payment in the amount of \$[Amount] received on [Date]. This payment was required for the reinstatement of your commercial insurance policy referenced above.

Please be advised that your policy has been reinstated without a lapse in coverage, subject to the original terms and conditions. All benefits and protections afforded by the policy are now fully back in force.

Attached to this letter, you will find your official receipt and updated policy schedule for your records.

We appreciate your prompt attention to this matter and your continued business. If you have any questions regarding your premium or coverage details, please contact your agent or our customer service department at [Phone Number].

Sincerely,

[Name of Sender]

[Title]

[Insurance Company Name]