

[Company Letterhead/Logo]

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**Subject: Acknowledgment of Payment and Conditional Reinstatement**

Dear [Policyholder Name],

We have received your payment in the amount of \$[Amount] on [Date] regarding Policy Number: [Policy Number].

Please be advised that the receipt of this payment constitutes a **conditional reinstatement** of your policy. This means that while we have accepted your funds, the reinstatement of your coverage is subject to the following conditions:

- [Condition 1: e.g., Approval of the attached Statement of Good Health]
- [Condition 2: e.g., Underwriting review of updated information]
- [Condition 3: e.g., Verification of funds clearance]

Coverage is not currently in force for any losses occurring between the date of cancellation and the date all conditions are fully met. If your reinstatement application is declined, we will issue a full refund of this payment to you.

We will notify you in writing once the reinstatement process is complete or if further information is required. If you have any questions, please contact our Customer Service department at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]

[Title]

[Company Name]