

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

[Date]

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

Subject: Acknowledgment of Premium Payment and Policy Reinstatement

Dear [Policyholder Name],

We are writing to confirm that we have received your premium payment in the amount of \$[Amount] on [Date Received].

Although this payment was received after the standard grace period expired, we have reviewed your request for reinstatement. We are pleased to inform you that your policy, number **[Policy Number]**, has been officially reinstated effective **[Reinstatement Date]**.

Your coverage is now active and continuous with no lapse in protection. Please ensure that all future premiums are paid by the due date to avoid potential cancellation or the need for future reinstatement applications.

You can view your updated account status and payment schedule by logging into your online portal at [Website URL].

Thank you for choosing [Company Name]. If you have any questions regarding your policy or this notice, please contact our customer service department at [Phone Number].

Sincerely,

[Sender Name/Department]
[Company Name]