

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Acknowledgment of Partial Payment for Policy Reinstatement

Dear [Policyholder Name],

We are writing to acknowledge receipt of your payment in the amount of \$[Amount] received on [Date] regarding the reinstatement of your insurance policy #[Policy Number].

Please be advised that this amount constitutes a **partial payment** of the total balance required to fully reinstate your coverage. As of today, a remaining balance of \$[Remaining Amount] is still outstanding.

To complete the reinstatement process and ensure there is no lapse in your protection, please submit the remaining balance by [Due Date].

Important Notice: Your policy will not be officially reinstated, and coverage will not be active, until the full reinstatement premium has been received and processed by our office.

Payments can be made via [Payment Method/Online Link] or by calling our billing department at [Phone Number].

If you have already sent the remaining balance, please disregard this notice. For any questions regarding your account, please contact our customer service team.

Sincerely,

[Sender Name]

[Title]

[Company Name]