

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Acknowledgment of Payment for Policy Reinstatement - [Policy Number]

Dear [Policyholder Name],

We have received your payment in the amount of \$[Amount] submitted on [Date] regarding the reinstatement of your insurance policy, [Policy Number].

Please be advised that the receipt of this payment does not automatically reinstate your coverage. Your request for reinstatement is currently **pending underwriter approval**. Our underwriting department is reviewing your file to determine if the policy meets the requirements for reactivation.

Important Information:

- No coverage is currently in effect for any losses occurring during the lapse period.
- If your reinstatement is approved, you will receive a formal "Notice of Reinstatement."
- If your reinstatement is declined, you will receive a formal notification, and your payment will be refunded in full.

We expect the review process to be completed within [Number] business days. We will notify you of the final decision via mail.

If you have any questions, please contact our Customer Service Department at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]

[Title]

[Company Name]