[Agency Name]
[Agency Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

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

RE: NOTICE OF INSURANCE REINSTATEMENT

Policy Number: [Policy Number]
Effective Date of Reinstatement: [Date]

Dear [Policyholder Name],

We are pleased to inform you that your insurance coverage under the policy number referenced above has been officially reinstated. Your coverage is now active and continues without a lapse in protection.

This reinstatement was processed following [Reason for Reinstatement, e.g., receipt of your payment / completion of the required documentation].

Please find the enclosed updated insurance documents for your records. We recommend reviewing them to ensure all information is correct and that you are familiar with your current coverage limits and deductibles.

If you have any questions regarding your policy or need to make further changes, please contact our office at [Phone Number] or via email at [Email Address].

Thank you for choosing [Agency Name] for your insurance needs.

Sincerely,

[Agent Name]
[Title]
[Agency Name]