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

[Date]

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

RE: NOTICE OF REINSTATEMENT

Policy Number: [Policy Number]
Property Address: [Insured Property Address]
Effective Date of Reinstatement: [Date]

Dear [Policyholder Name],

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

This reinstatement has been processed based on the following:
[ ] Receipt of past due premium payment in the amount of $[Amount].
[ ] Completion of required property inspection/repairs.
[ ] Submission of required documentation.

Please keep this notice with your insurance records. All terms, conditions, and exclusions of your original policy remain in effect. If you have any questions regarding your coverage or future billing statements, please contact your agent or our customer service department at [Phone Number].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name/Department]
[Insurance Company Name]