[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: Reinstatement of Policy #[Policy Number]

Dear [Policyholder Name],

We are pleased to inform you that your request for the reinstatement of your insurance policy has been approved. We have received and processed your late premium payment in the amount of $[Amount Paid].

Your coverage is now active again, effective as of [Reinstatement Date]. There has been no lapse in coverage for the period between the due date and the receipt of your payment.

Please note that to keep your policy in force, all future premiums must be paid by their respective due dates. Your next payment of $[Next Payment Amount] is due on [Next Due Date].

We appreciate your continued business. If you have any questions regarding your policy or payment schedule, please contact our customer service department at [Phone Number] or [Email Address].

Sincerely,

[Name of Sender]
[Title]
[Company Name]