[Date]

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

Subject: Notice of Policy Reinstatement - Policy Number: [Policy Number]

Dear [Policyholder Name],

We are pleased to inform you that your insurance policy [Policy Number] has been officially reinstated, effective as of [Reinstatement Date].

The coverage provided under this policy is now active and continues under the original terms and conditions. This reinstatement follows our receipt of [Reason for Reinstatement, e.g., the required premium payment / completed reinstatement application].

Please note the following regarding your account:

- Current Status: Active
- Next Premium Due Date: [Date]
- Amount Due: [Amount]

We recommend that you keep this letter with your original policy documents for your records. If you have any questions or require further assistance, please contact our customer service department at [Phone Number] or via email at [Email Address].

Thank you for choosing [Company Name]. We appreciate your continued business.

Sincerely,

[Sender Name]
[Title]
[Company Name]