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

[Date]

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

Subject: Notice of Policy Reinstatement

Dear [Policyholder Name],

We are pleased to inform you that your request for reinstatement of your insurance policy has been approved.

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

Your coverage is now active and continues under the same terms and conditions as previously established. This reinstatement was processed following the receipt of your [payment/required documentation] on [Date].

Please ensure that all future premiums are paid by the due date to avoid any further gaps in coverage. You may view your updated policy status and make payments through our online portal at [Website URL].

If you have any questions regarding your policy or this reinstatement, please contact our Customer Service Department at [Phone Number] or via email at [Email Address].

Thank you for choosing [Company Name].

Sincerely,

[Sender Name]
[Title]
[Company Name]