

[Date]

[Mortgage Company Name]
[Mortgage Company Address]
[City, State, Zip Code]

RE: Notice of Insurance Policy Reinstatement

Policy Number: [Policy Number]

Insured Name: [Insured Name]

Property Address: [Full Property Address]

Loan Number: [Mortgage Loan Number]

To Whom It May Concern,

This letter serves as formal notification that the homeowners insurance policy referenced above has been fully reinstated. The previous notice of cancellation or lapse is hereby rescinded.

The policy is currently active with the following terms:

- **Effective Date:** [Reinstatement Date]
- **Expiration Date:** [Policy End Date]
- **Total Annual Premium:** \$[Amount]

As this policy is designated as **Mortgagee Billed**, please ensure that the premium payment is processed through the borrower's escrow account to maintain continuous coverage. If payment has already been issued, please disregard this request.

Attached is the updated Evidence of Insurance / Declarations Page for your records. Please update your mortgage servicing system to reflect that coverage is in good standing.

If you have any questions regarding this reinstatement or require additional documentation, please contact our agency at [Phone Number] or [Email Address].

Sincerely,

[Agent Name/Insurance Company Name]
[Agency Address]
[Phone Number]