

[Agency Name]
[Agency Address]
[City, State, Zip Code]
[Phone Number]
[Date]

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

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

Dear [Policyholder Name],

We are pleased to confirm that your [Type of Insurance, e.g., Auto/Home] insurance policy has been officially reinstated effective [Reinstatement Date].

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

To ensure uninterrupted protection in the future, please ensure all subsequent premiums are paid by their respective due dates. You can manage your account and view your policy details online at [Website URL].

Thank you for choosing [Agency Name]. If you have any questions regarding your coverage or this notice, please contact your agent at [Agent Phone Number] or email us at [Agent Email].

Sincerely,

[Agent Name/Signature]
[Title]
[Agency Name]