

[Date]

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

**RE: Notice of Policy Reinstatement**

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

Dear [Policyholder Name],

We are pleased to inform you that your request for reinstatement of the above-referenced insurance policy has been approved. Your coverage is now active and in full force as of [Date].

We have received the required [payment/documentation] necessary to restore your account. There is no lapse in coverage during this period, and your original policy terms and conditions remain unchanged.

Please find your updated declarations page and proof of insurance attached to this letter. We recommend keeping these documents for your records.

To avoid future interruptions in coverage, we encourage you to [mention payment method, e.g., set up automatic payments] through our online portal.

Thank you for choosing [Insurance Company Name]. If you have any questions regarding your policy or this reinstatement, please contact our Customer Service Department at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]  
[Title]  
[Insurance Company Name]