

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

Subject: Notification of Reinstatement Request Under Review

Dear [Policyholder Name],

We have received your request and payment to reinstate your insurance policy, [Policy Number], which lapsed on [Cancellation Date].

Please be advised that your policy is currently **Pending Underwriting Review**. The submission of payment does not automatically reinstate your coverage. Our underwriting department is currently evaluating your eligibility for reinstatement based on the terms of your policy and our current guidelines.

Important Status Information:

- Your policy remains in a lapsed status at this time.
- There is no insurance coverage in effect for any losses occurring after [Cancellation Date] until a final decision is made.
- We will notify you in writing of the final determination within [Number] business days.

If your reinstatement is approved, you will receive a formal Notice of Reinstatement. If it is declined, your payment will be refunded in full to the original method of payment.

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

Sincerely,

[Underwriter Name/Department]

[Company Name]