

[Date]

[Policyholder Name]

[Policyholder Address]

[City, State, Zip Code]

Subject: Notice of Reinstatement - Workers Compensation Policy

Dear [Policyholder Name],

We are pleased to inform you that your Workers Compensation insurance policy, number **[Policy Number]**, has been successfully reinstated effective **[Reinstatement Date]**.

This reinstatement follows the successful renewal process and the fulfillment of all necessary requirements, including [mention payment or documentation if applicable]. Your coverage is now active, and there has been no lapse in coverage during this renewal period.

Updated policy documents and certificates of insurance are attached to this letter. Please review these documents to ensure all information is accurate.

If you have any questions regarding your policy or need further assistance, please contact your agent or our customer service department at [Phone Number] or [Email Address].

Thank you for choosing [Insurance Company Name] for your Workers Compensation needs.

Sincerely,

[Sender Name]

[Title]

[Insurance Company Name]