

Policy Reinstatement Notification

Date: [Insert Date]

Policyholder Name: [Insert Policyholder Name]

Policy Number: [Insert Policy Number]

Address: [Insert Policyholder Address]

Dear [Policyholder Name],

We hope this letter finds you well. We are writing to inform you that your policy, [Insert Policy Number], was previously in arrears due to non-payment of premiums. We understand that circumstances can arise that may make it difficult to maintain timely payments.

We are pleased to inform you that your policy has been reinstated as of [Insert Reinstatement Date] following receipt of the outstanding premium payment. Your coverage is now active, and you can continue to enjoy the benefits of your policy.

If you have any questions or require further assistance, please do not hesitate to contact us at [Insert Contact Information]. Thank you for your continued trust and commitment.

Sincerely,

[Your Company Name]

[Your Company Address]

[Your Company Contact Information]