

NOTICE OF REINSTATEMENT

INSURED COPY

For Policy Customer Service Call: (XXX) XXX-XXXX

<Company Logo> <Company Address>

Policy Number	Policy Type	Policy Period	Date
		[MM/DD/YYYY] - [MM/DD/YYYY] 12:01 AM Standard Time at the Residence Premises	
Risk Location			

Named Insured and Address: <Named Insured> <Named Insured Address>	Agent: <Agent Name> <Agent Address> <Agent Phone #>
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REINSTATEMENT

Dear Insured:

We are happy to inform you that the policy number listed above has been officially reinstated as of <MM/DD/YYYY> at 12:01 AM Standard Time. We're pleased that we have the opportunity to continue to provide your homeowner insurance coverage.

MORTGAGEE(S)/ADDITIONAL INTEREST

First Mortgagee:

Name
Address
City, State, Zip
Loan #

Second Mortgagee:

Name
Address
City, State, Zip
Loan #

Additional Interest:

Name
Address
City, State, Zip

If you have any questions regarding this notice, please contact your agent. Your agent's contact information is conveniently displayed above.