

Letter of Appeal for Insurance Policy Reinstatement

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative/Department],

Subject: Appeal for Reinstatement of Insurance Policy #[Policy Number]

I hope this letter finds you well. I am writing to formally appeal for the reinstatement of my insurance policy #[Policy Number] which lapsed on [Date of Lapse]. Due to [briefly explain reason for lapse, e.g., financial hardship, oversight, etc.], I was unable to make my premium payments on time.

I understand the importance of maintaining continuous coverage and am committed to upholding my responsibilities as a policyholder. I have since resolved my [mention any relevant situation or hardship] and can provide proof of payment if required. I kindly request a reevaluation of my situation and consideration for reinstatement of my policy.

Thank you for taking the time to consider my appeal. I appreciate your attention to this matter and look forward to your favorable response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Typed Name]