

Notification of Insurance Policy Reinstatement

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

To,

[Recipient's Name]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Subject: Notification for Insurance Policy Reinstatement

Dear [Recipient's Name],

I am writing to formally notify you that I wish to reinstate my insurance policy, number [Insert Policy Number], which lapsed on [Insert Lapse Date]. After taking the necessary actions to meet the outstanding requirements, I have prepared the required documents and payment to proceed with the reinstatement.

Please let me know if there are any further steps I need to take to finalize the reinstatement, or if you require additional information from my side.

Thank you for your assistance in this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Name]