

# Reinstatement Application for Insurance Coverage

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally request the reinstatement of my insurance coverage under policy number [Your Policy Number], which lapsed on [Date of Lapse]. Due to [brief explanation of reasons for lapse], I was unable to maintain my payments.

I have since resolved the issues and am now prepared to meet all requirements necessary for reinstatement. I have enclosed the required documentation and payment for any outstanding premiums.

I appreciate your understanding and assistance in this matter. Please let me know if you need any additional information or further documentation.

Thank you for your attention to this request. I look forward to your prompt response.

Sincerely,

[Your Name]