

Request for Reinstatement of Insurance Policy

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]

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

Dear [Recipient's Name or Customer Service Department],

I hope this message finds you well. I am writing to formally request the reinstatement of my insurance policy #[Policy Number], which was [canceled/lapsed] on [Date of Cancellation/Lapse].

I understand the importance of maintaining my coverage and have taken steps to resolve any outstanding issues, including [briefly describe actions taken, e.g., payment of premiums, updated information].

I would greatly appreciate your assistance in this matter and look forward to your prompt response. Please let me know if any additional information is necessary to facilitate the reinstatement process.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Policy Number]