

Request to Reinstate Lapsed 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]

Dear [Insurance Company Representative's Name],

I hope this message finds you well. I am writing to formally request the reinstatement of my lapsed insurance policy, [Policy Number], which lapsed on [Lapse Date]. Due to [brief explanation of your circumstances], I was unable to keep up with the premium payments.

I value the protection provided by this policy and would like to reinstate it as soon as possible. I am ready to make all necessary payments and comply with any requirements needed for the reinstatement process.

Thank you for your attention to this matter. I look forward to your prompt response so that I can continue my coverage.

Sincerely,

[Your Name]