

# Request for Reinstatement of Insurance Policy

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Your Email Address]  
[Your Phone Number]  
[Date]

[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 policy, policy number **[Your Policy Number]**, which was canceled on **[Date of Cancellation]**. I understand that my policy lapsed due to **[Reason for Lapse]**, and I would like to take the necessary steps to reinstate it.

I appreciate the services your company provides and would like to continue my coverage. Please let me know what information or documentation you require from me to facilitate this process. I am willing to settle any outstanding payments and comply with any reinstatement requirements.

Thank you for considering my request. I look forward to your prompt response so that I can ensure my coverage is reinstated as soon as possible.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]