

Insurance Reinstatement Request

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 Agent's Name],

I am writing to formally request the reinstatement of my insurance policy (Policy Number: [Insert Policy Number]) following my recent relocation. Due to my move to [New Address], I was unable to finalize the renewal process on time, leading to a lapse in coverage.

I have taken all necessary steps to ensure compliance with the insurance requirements and would like to retain my coverage as I believe it is essential for my peace of mind during this transition.

I kindly ask you to review my request and let me know the next steps to reinstate my policy. You may reach me at [Your Phone Number] or [Your Email Address] should you require any further information.

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

Sincerely,

[Your Name]