

# Insurance Policy Reinstatement Request

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 Contact Name],

I am writing to request the reinstatement of my insurance policy, [Policy Number], which lapsed due to a billing error on your part. I have always been diligent in making my payments on time and was surprised to learn of the lapse.

Upon reviewing my payment records, I noticed that my most recent payment was not processed correctly due to an error in the billing system. I have attached relevant documentation for your reference.

I kindly ask that you review my case and reinstate my policy at your earliest convenience. I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your understanding.

Sincerely,

[Your Name]