

# Request for Reinstatement of Insurance Policy

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP]

Dear [Insurance Company Representative's Name],

I am writing to formally request the reinstatement of my insurance policy, policy number [Insert Policy Number], which lapsed on [Insert Date] due to financial hardship. I have recently encountered unforeseen circumstances that have significantly impacted my ability to uphold my financial commitments.

As a result of [briefly explain your financial hardship, e.g., job loss, medical expenses], I was unable to make the required payments for my policy. I understand the importance of maintaining continuous coverage and am committed to resolving this situation promptly.

I kindly ask that you consider reinstating my policy under the circumstances. I am willing to discuss payment arrangements that may assist in fulfilling my overdue obligations.

Thank you for your attention to this matter. I appreciate your understanding and assistance, and I look forward to your prompt response.

Sincerely,

[Your Name]