

Insurance Policy Renewal 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]

Subject: Request for Reinstatement of Lapsed Insurance Policy

Dear [Insurance Company Contact],

I hope this letter finds you well. I am writing to formally request the reinstatement of my insurance policy [Policy Number], which has lapsed as of [Date of Lapse]. Due to [brief explanation of the reason for lapse], I was unable to renew my policy on time.

I value the protection that my insurance policy provides, and I would like to reinstate my coverage as soon as possible. I am prepared to pay any outstanding premiums required for reinstatement and comply with any additional requirements that may be needed.

Please let me know the steps I need to take to reinstate my policy and any fees that may apply. I appreciate your prompt attention to this matter and look forward to your guidance on how to proceed.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]