

Request for Reinstatement of Insurance Policy

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Dear [Insurance Company Representative's Name],

I hope this message finds you well. I am writing to formally request the reinstatement of my insurance policy, policy number [Insert Policy Number], which has lapsed as of [Insert Lapse Date].

Due to [briefly explain reason for lapse, e.g., "financial difficulties" or "missed payment"], I was unable to maintain my payments. However, I am now in a position to resume my coverage and would like to reinstate my policy as soon as possible.

I understand that I may be required to fulfill certain conditions for reinstatement and I am willing to comply with any necessary requirements. Please let me know what steps I need to take to facilitate this process.

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

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]