

Insurance Reinstatement Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To: [Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Request for Reinstatement of Insurance Policy

Dear [Insurance Company Representative],

I am writing to formally request the reinstatement of my insurance policy, policy number [Insert Policy Number], which lapsed on [Insert Lapse Date]. Due to unforeseen circumstances, I was unable to make my premium payment on time.

To support my request, I have included proof of income documentation that demonstrates my current financial stability. Attached to this letter, you will find the following:

- [Type of Proof: Pay Stubs, Bank Statements, etc.]
- [Any Additional Documents]

I appreciate your consideration of my request and am hopeful for a favorable response. I am ready to complete any required procedures for reinstatement and ensure timely future payments.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]