

# Insurance Reinstatement Request

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Dear [Insurance Company Representative's Name],

I hope this letter finds you well. I am writing to formally request the reinstatement of my insurance policy, [Policy Number], which has lapsed due to non-payment.

Upon reviewing my records, I noted that the payment was missed on [Due Date]. I would like to provide you with my updated payment details to facilitate the reinstatement process:

- **Payment Amount:** [Insert Amount]
- **Payment Method:** [Insert Payment Method]
- **Account Details:** [Insert Account Details or Reference Number]

I appreciate your assistance in this matter and look forward to your prompt response regarding the reinstatement of my policy. If you require any additional information or documentation, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]