

Request for Reinstatement of Insurance Coverage

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Dear [Insurance Manager's Name],

I am writing to formally request the reinstatement of my insurance policy [Policy Number] that was recently canceled on [Date of Cancellation]. Due to [brief explanation of reason for cancellation or non-payment], I was unable to maintain my coverage at that time.

I understand the importance of maintaining continuous coverage and have taken the necessary steps to rectify the situation by [mention any payments made, updated information, or relevant actions taken].

I kindly ask you to review my case and consider reinstating my policy at your earliest convenience. I am committed to ensuring that my payments and documentation are up to date moving forward.

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

Sincerely,

[Your Name]