

Insurance Reinstatement Application

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact or "Claims Department"],

I am writing to formally request the reinstatement of my insurance policy, [Policy Number], which was canceled on [Cancellation Date]. Due to [brief explanation of circumstances leading to cancellation, if applicable], I was unable to maintain the required payments.

Since that time, I have rectified the situation and would like to resume my coverage. Enclosed, please find the necessary payment for any outstanding premiums as well as any required documentation that supports my reinstatement application.

I understand that there may be terms or conditions that I need to fulfill to reinstate my policy, and I am willing to comply with all requirements. I value my association with [Insurance Company Name] and would appreciate your assistance in this matter.

Thank you for considering my request. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]