

Reinstatement Request Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company's Name]

[Insurance Company's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request the reinstatement of my lapsed insurance policy, with policy number [Insert Policy Number]. Due to [brief explanation of circumstances leading to lapse], my policy was not renewed by the due date.

I would like to take the necessary steps to reinstate my coverage as soon as possible. I understand that certain requirements may need to be fulfilled, and I am prepared to provide any required information or payment to reinstate my policy.

Thank you for your attention to this matter. I look forward to your prompt response and guidance on how to proceed with the reinstatement process.

Sincerely,

[Your Name]