

# Insurance Coverage Reinstatement Appeal Letter

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

Claims Department  
Insurance Company Name  
Company Address  
City, State, Zip Code

Dear Claims Department,

I am writing to formally appeal the decision to deny my request for the reinstatement of my insurance coverage, policy number [Your Policy Number]. My coverage was cancelled on [Cancellation Date], and I believe there are valid reasons for its reinstatement.

[Briefly explain reasons for reinstatement, including any supporting evidence or changes in circumstances that warrant a new consideration].

I kindly request that you review my case and reconsider my application for reinstatement. I am willing to provide any additional information or documentation needed to support my appeal.

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

Sincerely,  
[Your Name]