

Insurance Reinstatement Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally request the reinstatement of my insurance policy, [Policy Number], which lapsed on [Date of Lapse]. Due to [brief explanation of circumstances leading to lapse], I was unable to maintain my payments.

Since the lapse of my policy, I have taken the necessary steps to ensure timely payments moving forward, and I am prepared to remit any outstanding amounts as required for reinstatement.

I kindly ask you to review my request and consider reinstating my policy at your earliest convenience. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Contact Information]