

Reinstatement Request for Lapsed Insurance Policy

Date: [Insert Date]

To,
The Insurance Department,
[Insurance Company Name],
[Company Address],
[City, State, Zip Code]

Subject: Request for Reinstatement of Lapsed Insurance Policy

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request the reinstatement of my lapsed insurance policy, Policy Number: [Insert Policy Number], which lapsed on [Insert Lapse Date].

I understand that the policy has lapsed due to [Briefly explain reason for lapse, e.g., non-payment, etc.]. I sincerely apologize for any inconvenience this may have caused and I am committed to resolving this matter promptly.

To reinstate my policy, I am prepared to pay the outstanding premium of [Insert Amount] along with any applicable fees. Please let me know if there are additional documents or information required from my end.

I appreciate your attention to this matter and look forward to your favorable response. Thank you for your consideration.

Yours faithfully,
[Your Full Name]
[Your Address]
[City, State, Zip Code]
[Your Contact Number]
[Your Email Address]