

# Application for Reinstatement of Terminated Insurance

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact Name],

I am writing to formally request the reinstatement of my terminated insurance policy, [Policy Number], which was in effect from [Start Date] until it was terminated on [Termination Date].

Due to [brief explanation of circumstances leading to termination], I was unable to maintain my policy. However, I am now in a position to comply with all necessary requirements and am requesting that you consider reinstating my coverage.

I understand that there may be certain forms or fees required for the reinstatement process, and I am fully prepared to fulfill those obligations. Please let me know what steps I need to take to facilitate this reinstatement.

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

Sincerely,

[Your Name]