

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact Name],

Subject: Notice for Reactivation of Expired Policy

I am writing to formally request the reactivation of my expired insurance policy, with policy number [Insert Policy Number]. The policy was active until [Insert Expiration Date] and has not been renewed yet.

Due to [brief reason for the delay, if applicable], I was unable to renew my policy on time. I understand the importance of maintaining continuous coverage and am keen to reactivate my policy to ensure that I remain protected.

Kindly let me know the necessary steps I need to take to reactivate my policy or if there are any additional fees or requirements I should be aware of. I appreciate your understanding and assistance in this matter.

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

Sincerely,

[Your Name]