

# Request to Reinstate Expired Insurance Policy

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Insurance Company Representative's Name],

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

Due to [brief explanation of reason for lapse, e.g., financial difficulties, oversight, etc.], I was unable to renew my policy on time. I value the coverage and peace of mind that your insurance provides and would like to resume my coverage as soon as possible.

I understand there may be procedures or requirements needed for reinstatement, and I am willing to comply with any necessary steps. Please let me know how I can proceed in this matter.

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

Sincerely,

[Your Name]