

Letter of Submission for Reinstatement of Inactive Insurance

[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 letter finds you well. I am writing to request the reinstatement of my inactive insurance policy, with policy number [Your Policy Number]. Due to [brief explanation of the reason for inactivity], I was unable to maintain my policy and have since resolved the issue.

I kindly ask you to process my request for reinstatement. I am ready to fulfill any requirements necessary for the reinstatement process, including payment of any outstanding premiums or fees. Please inform me of any documentation you need from my side.

I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]