

Contractor Insurance Policy Reinstatement Application

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Subject: Application for Reinstatement of Contractor Insurance Policy

Dear [Insurance Company Contact/Adjuster's Name],

I am writing to formally request the reinstatement of my contractor insurance policy, [Policy Number], which was previously active from [Start Date] to [End Date]. Due to [Brief Explanation of the Reason for Lapse], my policy lapsed on [Date of Lapse].

As a contractor, having active insurance coverage is vital for [Reason - e.g., protecting my clients, managing risks]. I have taken the necessary steps to address the issues that led to the lapse and have ensured that all outstanding payments have been made.

I kindly request that you review my application and assist in reinstating my policy so that I may continue my work without interruption. I am committed to maintaining the terms and conditions of the policy moving forward.

Please find attached [any supplementary documents] that may assist in the processing of my request.

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

Sincerely,

[Your Name]

[Your Business Name, if applicable]