

Reinstatement Application for Insurance

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company's Representative Name],

I am writing to formally request the reinstatement of my insurance policy, [Policy Number], which was recently lapsed. Due to [brief explanation of circumstances leading to lapse], I was unable to make timely payments.

I understand the importance of maintaining continuous coverage and am committed to fulfilling my obligations. I am prepared to pay any outstanding premiums and comply with the necessary requirements for reinstatement.

Please find attached [mention any supporting documents, if applicable]. I would appreciate your prompt attention to this matter and look forward to your positive response.

Thank you for considering my request.

Sincerely,

[Your Name]