

Reinstatement Application for Lapsed 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],

I am writing to formally request the reinstatement of my lapsed insurance policy, Policy Number [Policy Number]. Due to [brief explanation of the circumstances leading to the lapse], I was unable to maintain my policy in good standing.

I fully understand the importance of insurance coverage and assure you that I am committed to reaffirming my responsibilities as a policyholder. I kindly ask you to consider my request to reinstate my policy and allow me to make any necessary payments to bring it back into force.

Please let me know if there are any forms or additional information required to process my reinstatement request. I look forward to your prompt response so that I may continue my coverage without further interruption.

Thank you for your attention to this matter.

Sincerely,

[Your Name]