

# Request for Reinstatement of Insurance Coverage

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Request for Reinstatement of Insurance Coverage

Dear [Recipient Name],

I hope this letter finds you well. I am writing to formally request the reinstatement of my insurance coverage under policy number [Your Policy Number], which was [state reason for lapse, e.g., "terminated on MM/DD/YYYY due to non-payment"].

Due to [briefly explain circumstances that led to lapse, e.g., "unexpected financial difficulties"], I was unable to maintain my payments. However, my situation has changed and I am now in a position to resume payments.

I kindly ask that you consider my request for reinstatement and provide me with the necessary steps to move forward. I am committed to fulfilling my obligations under this policy and wish to continue my coverage.

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

Sincerely,

[Your Name]