[Your Agency Name]
[Street Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Insurance Company Name]
[Underwriting Department Address]
[City, State, Zip Code]

RE: Request for Reinstatement of Professional Liability Insurance
Policy Number: [Your Policy Number]
Insured: [Your Agency Name]

To the Underwriting Department,

Please accept this letter as a formal request to reinstate the professional liability (Errors & Omissions) policy referenced above, which was cancelled on [Cancellation Date] due to [Reason for Cancellation, e.g., non-payment of premium].

We confirm that [Action Taken, e.g., payment has been sent via electronic transfer] in the amount of $[Amount] to bring the account current.

Furthermore, we formally represent that after a diligent review of our records, there have been no known claims filed against [Your Agency Name], and we have no knowledge of any incidents, circumstances, or omissions that could reasonably be expected to result in a professional liability claim during the period from [Date of Cancellation] to the present date.

We understand that reinstatement is subject to underwriting approval. Please provide written confirmation of the reinstatement and the updated policy status at your earliest convenience.

Thank you for your assistance regarding this matter.

Sincerely,

[Authorized Signature]

[Printed Name]
[Title/Principal]