[Your Name/Business Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

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

RE: Request for Reinstatement of Professional Liability Insurance
Policy Number: [Your Policy Number]
Lapse Period: [Start Date] to [End Date]

To Whom It May Concern,

I am writing to formally request the reinstatement of my professional liability insurance policy, which recently lapsed due to [reason for lapse, e.g., non-payment/administrative oversight].

I confirm that during the period of the lapse from [Start Date] to [Current Date]:

- There have been no claims made against me or my business.
- I am not aware of any incidents, circumstances, or occurrences that may result in a future claim.
- There have been no changes to my scope of practice or business operations.

Enclosed is the payment for the outstanding premium in the amount of $[Amount]. Please let me know if any additional forms, such as a Statement of No Known Loss, are required to finalize this reinstatement.

I value my coverage with [Insurance Company Name] and look forward to your confirmation that my policy has been restored without a gap in coverage, if possible.

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Professional Title]