[Your Name/Company Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]
[Phone Number]
[Date]

[Insurance Company Name]
[Reinstatement Department]
[Address Line 1]
[City, State, Zip Code]

Subject: Request for Policy Reinstatement - Policy Number: [Policy Number]

To Whom It May Concern,

I am writing to formally request the reinstatement of my insurance policy, [Policy Number], which recently lapsed due to non-payment of premiums.

Enclosed with this letter, you will find a payment in the amount of $[Amount] to cover the past due balance and any applicable late fees. I understand that the policy coverage may have been suspended during the lapse period and I am requesting that coverage be restored effective immediately.

Please let me know if there are any additional forms or medical statements required to complete this reinstatement process. I value my coverage with [Insurance Company Name] and intend to keep all future payments current.

I look forward to receiving written confirmation that my policy has been reinstated.

Sincerely,

[Your Signature]
[Your Printed Name]