[Your Name/Company 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]
Expiration/Cancellation Date: [Date]

To Whom It May Concern,

I am writing to formally request the reinstatement of the above-referenced professional liability insurance policy, which was cancelled effective [Date] due to [Reason for Cancellation, e.g., non-payment of premium].

Enclosed with this letter, you will find [mention payment method/amount] to cover the outstanding balance and any applicable reinstatement fees. [Optional: I have also enclosed a signed Statement of No Losses confirming that no professional liability claims or incidents have occurred during the lapse period.]

Maintaining this coverage is essential for my professional practice, and I have taken steps to ensure that future payments are made in a timely manner, including [mention steps taken, e.g., setting up automatic payments].

Please review this request and notify me in writing once the policy has been reinstated. If you require any additional information or documentation, please contact me directly at [Phone Number].

Thank you for your time and consideration.

Sincerely,

[Your Signature]

[Your Printed Name]
[Title/Position]