

[Agency Name]
[Agency Address]
[City, State, Zip Code]
[Phone Number]
[Date]

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

RE: Request for Policy Reinstatement

Policyholder Name: [Insured Full Name]
Policy Number: [Policy Number]
Property Address: [Insured Property Address]

To Whom It May Concern,

Our agency is formally requesting the reinstatement of the above-referenced renters insurance policy, which was cancelled on [Date of Cancellation] due to [Reason for Cancellation, e.g., non-payment of premium].

The policyholder has now provided the following:

- Full payment of the outstanding balance in the amount of \$[Amount].
- A signed No Loss Statement confirming there have been no claims or losses during the lapse period.
- [List any other required documents, if applicable].

We kindly request that the policy be reinstated without a lapse in coverage. Please review the attached documents and update the policy status in your records. Once processed, please provide a revised Evidence of Insurance or Certificate of Insurance for our files and the policyholder.

If any further information is required to complete this reinstatement, please contact our office immediately at [Agency Phone Number].

Sincerely,

[Agent Signature]
[Agent Name]
[Title]
[Agency Name]