

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

[Date]

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

RE: Request for Policy Reinstatement

Policyholder: [Your Full Name]
Policy Number: [Your Policy Number]

To Whom It May Concern,

I am writing to formally request the reinstatement of my renters insurance policy, which was recently cancelled due to [reason for cancellation, e.g., non-payment of premium].

I value the coverage provided by [Insurance Company Name] and would like to restore my policy immediately. Enclosed with this letter, please find [payment amount/proof of payment] to cover the outstanding balance and any applicable reinstatement fees.

I confirm that there have been no losses or claims during the period the policy was inactive. I understand that reinstatement is subject to company approval and look forward to receiving a confirmation notice of my active coverage.

Please contact me if any further information or documentation is required to complete this process.

Sincerely,

[Signature]
[Your Printed Name]