

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

[Date]

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

**RE: Request for Reinstatement of Renters Insurance Policy**

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 effective [Cancellation Date] due to [Reason for Lapse, e.g., non-payment/oversight].

I value the protection your company provides and would like to maintain my coverage without further interruption. Enclosed with this letter, please find [mention payment method, e.g., a check for the full past-due balance of \$0.00 / confirmation of electronic payment] to bring my account up to date.

I also certify that there have been no claims or losses at my residence located at [Your Address] during the period from the cancellation date to the current date.

Please review this request and provide written confirmation once the policy has been successfully reinstated. If any additional forms or information are required, please contact me immediately at [Your Phone Number].

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]  
[Your Printed Name]