

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

[Date]

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

Subject: Request for Reinstatement of Renters Insurance Policy #[Policy Number]

To the Reinstatement Department,

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

I value the coverage provided by [Insurance Company Name] and wish to maintain my protection. I have enclosed the full payment of \$[Amount] to cover the outstanding balance and any applicable reinstatement fees. [Optional: Mention any changes in circumstances or steps taken to prevent future lapses, such as setting up autopay].

Please let me know if there are any additional forms or information required to process this request. I look forward to receiving written confirmation that my coverage is active again without a lapse, if possible.

Thank you for your time and assistance regarding this matter.

Sincerely,

[Your Signature]

[Your Printed Name]