

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

[Date]

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

RE: Request for Reinstatement of Policy #[Your Policy Number]

Dear Customer Service Department,

I am writing to formally request the reinstatement of my renters insurance policy, which recently lapsed on [Date of Lapse] due to [Reason for Lapse, e.g., non-payment/overlooked renewal notice].

I value the protection provided by [Insurance Company Name] and would like to maintain my coverage without further interruption. To resolve this matter, I have enclosed the full payment of \$[Amount] to cover the outstanding balance and any applicable reinstatement fees.

I confirm that there have been no losses, accidents, or claims at my residence during the period the policy was lapsed. I understand that reinstatement is subject to your approval.

Please notify me once the policy has been reinstated and provide an updated certificate of insurance. If you require any additional information, please contact me at [Your Phone Number].

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]