

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

[Date]

[Insurance Company Name]
[Claims/Billing Department Address]
[City, State, Zip Code]

Re: Request for Policy Reinstatement
Policy Number: [Your Policy Number]

To the Underwriting Department,

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

I value the protection your company provides and would like to maintain my coverage without a lapse. To resolve this matter, I have included the following with this letter:

- The full outstanding balance of \$[Amount].
- The required reinstatement fee of \$[Amount, if applicable].
- [Optional: Brief explanation of why the payment was missed].

Please confirm in writing once the policy has been reinstated and inform me of the effective date of coverage. If there are additional forms or requirements needed to complete this process, please let me know as soon as possible.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]