

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

[Date]

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

RE: Request for Policy Reinstatement - Policy Number: [Your Policy Number]

Dear [Agent Name or Department],

I am writing to formally request the reinstatement of my motorcycle insurance policy for my [Year, Make, and Model of Motorcycle], VIN: [Vehicle Identification Number]. My policy was recently [canceled/expired] effective [Date of Cancellation] due to [Reason for Lapse, e.g., non-payment].

I have addressed the cause of the lapse and am prepared to pay any outstanding premiums, late fees, or reinstatement penalties required to restore my coverage.

Please find the following information or documents attached as requested by your agency:

- Proof of payment for outstanding balance.
- A signed Statement of No Loss confirming no accidents occurred during the lapse period.
- [Other Required Document, if any].

I understand that coverage is not active until I receive written confirmation of reinstatement from your agency. Please let me know the total amount due and the next steps required to finalize this request.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]