

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

[Date]

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

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

To Whom It May Concern,

I am writing to formally request the reinstatement of my motorcycle insurance policy for my [Year, Make, and Model of Motorcycle], which lapsed on [Date of Lapse] due to [Reason for Lapse, e.g., non-payment/oversight].

I value the coverage provided by [Insurance Company Name] and wish to rectify this situation immediately. I have enclosed the full payment of \$[Amount] to cover the past due balance and any applicable reinstatement fees.

I can confirm that the motorcycle has not been involved in any accidents or sustained any damage during the period the policy was inactive. I am prepared to provide a Statement of No Loss or any necessary inspections if required by your underwriting department.

Please let me know if there are any further steps or documents needed to restore my coverage. I look forward to receiving written confirmation that my policy is once again active.

Thank you for your time and assistance.

Sincerely,

[Your Signature]
[Your Printed Name]