

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

[Date]

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

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

Dear [Agent Name or Customer Service Department],

I am writing to formally request the reinstatement of my motorcycle insurance policy, number [Your Policy Number], which was cancelled on [Cancellation Date] due to [Reason for Cancellation, e.g., non-payment/missed renewal].

The lapse in coverage was unintentional. Since the cancellation, I have taken the following steps to ensure this does not happen again: [Mention steps, e.g., set up automatic payments or updated credit card information].

I have enclosed/attached the full payment of \$[Amount] to cover the outstanding balance and any applicable reinstatement fees. I can confirm that no accidents or claims occurred during the period that the policy was inactive.

Please let me know if there are any additional forms or inspections required to restore my coverage. I look forward to receiving confirmation that my policy is active once again.

Thank you for your time and assistance.

Sincerely,

[Your Signature]
[Your Printed Name]