

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

[Date]

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

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

Dear [Contact Person Name or Department],

I am writing to formally request the reinstatement of my motorcycle insurance policy, number [Policy Number], which was recently cancelled due to non-payment of premiums.

The lapse in payment was due to [briefly state reason, e.g., an expired credit card / an oversight during a move / temporary financial hardship]. I value the coverage provided by [Insurance Company Name] and would like to restore my policy immediately to ensure there is no further gap in protection for my [Year, Make, and Model of Motorcycle].

I have enclosed the full outstanding balance of \$[Amount] to bring my account current. Please find my payment via [Check/Money Order/Reference to Online Payment].

I understand that a reinstatement fee may apply and that a "Statement of No Loss" may be required. I hereby certify that no accidents or losses involving the insured motorcycle have occurred during the period from the cancellation date of [Cancellation Date] to the present date.

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

Thank you for your time and assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]