

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

City, State, Zip: [City, State, Zip Code]

Subject: Request for Reinstatement of Motorcycle Insurance Policy

Policy Number: [Insert Policy Number]

Vehicle: [Year, Make, and Model of Motorcycle]

VIN: [Insert VIN Number]

Dear Customer Service Department,

I am writing to formally request the reinstatement of my motorcycle insurance policy, which was recently cancelled due to a past due balance.

Enclosed with this letter, please find the total payment of \$[Insert Amount], which covers the outstanding balance and any applicable late fees. I understand that a lapse in coverage may have occurred during the period between the cancellation date and the processing of this reinstatement.

I certify that there have been no accidents, losses, or claims involving the insured motorcycle between the date of cancellation [Insert Cancellation Date] and the current date.

Please process this payment and notify me once the policy has been successfully reinstated. I would appreciate an updated proof of insurance card sent to my address on file or via email at [Insert Email Address].

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]