

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

[Date]

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

RE: Request for Reinstatement of Motorcycle Insurance Policy

Policy Number: [Your Policy Number]
Motorcycle Make/Model: [Year, Make, and Model]
VIN: [Vehicle Identification Number]

To Whom It May Concern,

I am writing to formally request the reinstatement of my motorcycle insurance policy, which was cancelled on [Date of Cancellation] due to [Reason for Cancellation, e.g., non-payment of premium].

I value the coverage provided by [Insurance Company Name] and wish to rectify this lapse immediately. I have enclosed the required payment of \$[Amount] to cover the past due balance and any applicable reinstatement fees. [Optional: I have also attached proof of a recent safety inspection as required.]

Please review my request and confirm if my coverage can be reinstated without a lapse in protection. If further documentation or information is needed, please contact me directly at [Your Phone Number].

Thank you for your time and assistance regarding this matter.

Sincerely,

[Your Signature]
[Your Printed Name]