

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

[Date]

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

**RE: Request for Reinstatement of Commercial Umbrella Policy**

**Policy Number:** [Policy Number]

**Insured Name:** [Business Name]

To Whom It May Concern,

We are writing to formally request the reinstatement of the above-referenced Commercial Umbrella Insurance policy, which was cancelled on [Cancellation Date] due to [Reason for Cancellation, e.g., non-payment of premium].

Please find enclosed the following items required for reinstatement:

- [Payment Amount] representing the full outstanding balance.
- A signed "Statement of No Loss" confirming that no claims or occurrences have taken place during the period of lapse.
- [Any other requested documentation].

Our business relies on this excess liability coverage to maintain our contractual obligations and risk management standards. We have taken internal steps to ensure that future premiums are paid in a timely manner to avoid any further disruptions in coverage.

Please confirm in writing once the policy has been reinstated and provide an updated Certificate of Insurance for our records. If you require any additional information, please contact me directly at [Phone Number].

Sincerely,

[Your Signature]  
[Your Printed Name]  
[Your Title]