

[Date]

[Insurance Company Name]

[Underwriting Department]

[Street Address]

[City, State, Zip Code]

RE: Request for Reinstatement of Policy

Policyholder Name: [Your Name / Business Name]

Policy Number: [Policy Number]

Policy Type: Excess Liability / Umbrella Policy

Cancellation Date: [Date of Cancellation]

To Whom It May Concern,

I am writing to formally request the reinstatement of the above-referenced Excess Liability Umbrella Policy, which was recently cancelled due to [Reason for Cancellation, e.g., non-payment of premium].

[Select one of the following options:]

[Option A: Payment Enclosed]

Enclosed is the full payment of \$[Amount] to cover the outstanding balance and any applicable reinstatement fees.

[Option B: Payment Already Made]

Payment in the amount of \$[Amount] was submitted via [Electronic Transfer/Mail] on [Date].

I confirm that there have been no losses, claims, or incidents likely to result in a claim under this policy during the period from the cancellation date to the current date. [If there have been incidents, provide details here instead].

Please confirm in writing once the policy has been reinstated and provide an updated Certificate of Insurance for my records. If additional documentation or a formal Statement of No Loss is required, please let me know immediately.

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]

[Typed Name]

[Phone Number]

[Email Address]