

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

[Date]

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

Re: Request for Reinstatement of Umbrella Policy  
Policy Number: [Your Policy Number]

Dear [Agent Name or Customer Service Department],

I am writing to formally request the reinstatement of my personal umbrella liability policy, which lapsed on [Date of Lapse] due to [reason for lapse, e.g., non-payment/oversight].

I value the protection this policy provides and wish to restore my coverage immediately. I have enclosed the required premium payment of \$[Amount] to bring the account current.

Furthermore, I confirm that to the best of my knowledge, no losses or incidents have occurred during the period the policy was lapsed that would result in a claim under this policy.

Please review my request and provide written confirmation once the policy has been reinstated. If there are any additional forms or "No Loss Statements" required, please let me know as soon as possible.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]