

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

[Date]

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

**Subject: Request for Reinstatement of Personal Umbrella Policy #[Your Policy Number]**

To Whom It May Concern,

I am writing to formally request the reinstatement of my Personal Umbrella Policy, number [Your Policy Number], which was cancelled on [Cancellation Date] due to [Reason for Cancellation, e.g., non-payment of premium].

I value the protection provided by this policy and would like to ensure there is no lapse in my liability coverage. To facilitate this reinstatement, I have enclosed the following:

- The full past-due premium amount of \$[Amount].
- A signed Statement of No Loss confirming that no claims have occurred during the lapse period.
- [Optional: Proof of active underlying homeowners/auto insurance policies].

Please review my request and notify me once the policy has been successfully reinstated. If any further documentation or information is required, please contact me immediately at [Your Phone Number].

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]