

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

[Date]

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

RE: Request for Reinstatement - Agency Error

Policyholder Name: [Policyholder Name]

Policy Number: [Policy Number]

Cancellation Date: [Date of Cancellation]

To Whom It May Concern,

I am writing to formally request the immediate reinstatement of the above-referenced policy without a lapse in coverage. This policy was cancelled due to an administrative error made by our agency, not by the policyholder.

The error occurred because: [Briefly describe error, e.g., failure to process renewal paperwork / incorrect mailing address / failure to forward premium payment].

The policyholder has complied with all terms of the policy and was under the impression that the coverage remained in force. We take full responsibility for this oversight. Attached, please find [mention any attachments, such as the premium payment or missing forms].

We kindly ask that you process this reinstatement effective [Original Expiration or Cancellation Date] to ensure the client has continuous protection. Please provide written confirmation once the reinstatement has been processed.

Thank you for your assistance and understanding regarding this agency matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Position]