

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

[Date]

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

Subject: Appeal for Reinstatement of Policy #[Your Policy Number]

Dear Reinstatement Department,

I am writing to formally appeal the cancellation of my pet insurance policy for [Pet's Name], which lapsed on [Date of Cancellation] due to [Reason for Lapsed Payment, e.g., expired credit card / temporary financial hardship / mailing error].

This lapse was unintentional. As soon as I became aware of the situation, I took immediate steps to [mention action taken, e.g., update payment information]. [Pet's Name] has been covered by [Insurance Company Name] since [Year] and I value the protection your company provides.

I request that you reinstate the policy with no lapse in coverage. I have enclosed/attached the full outstanding balance of \$[Amount] to bring the account current. I am also happy to provide a statement from my veterinarian confirming that [Pet's Name] has not suffered any new illnesses or injuries during this brief lapse period.

Thank you for your time and for reconsidering my case. I look forward to your positive response.

Sincerely,

[Your Signature]

[Your Printed Name]