

Date: [Insert Date]

To: [Insurance Company Name]

Attn: [Underwriting Department / Agent Name]

Address: [Insurance Company Address]

Re: Request for Reinstatement of Directors and Officers (D&O) Liability Insurance

Policy Number: [Insert Policy Number]

Insured Entity: [Insert Company Name]

Expiration/Lapse Date: [Insert Date of Lapse]

Dear [Name of Underwriter or Representative],

We are writing to formally request the reinstatement of the above-referenced Directors and Officers Liability insurance policy, which lapsed on [Date] due to [State Reason, e.g., inadvertent non-payment/administrative oversight].

Enclosed with this letter, please find:

- The outstanding premium payment in the amount of \$[Amount].
- A signed and dated "No Loss Statement" (Warranty Statement) confirming that there are no known pending claims or circumstances likely to give rise to a claim since the date of lapse.
- [Optional: Any updated financial statements or renewal applications requested].

We value the coverage provided by [Insurance Company Name] and request that the policy be reinstated without a gap in coverage. If this is not possible, please advise on the terms for a new effective date.

Please confirm receipt of this request and provide written confirmation once the reinstatement has been processed.

Sincerely,

[Signature]

[Name of Authorized Officer]

[Title/Position]

[Company Name]

[Phone Number]

[Email Address]