

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

[Date]

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

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

Policy Number: [Insert Policy Number]
Policy Period: [Insert Original Policy Dates]
Insured: [Insert Full Legal Name of Company]

Dear [Underwriter Name or Reinstatement Department],

Please accept this letter as a formal request to reinstate the above-referenced Directors and Officers Liability Policy, which was cancelled/lapsed on [Date of Cancellation] due to [Reason for Cancellation, e.g., non-payment of premium/administrative error].

To facilitate the reinstatement process, we have enclosed the following:

- Payment in the amount of \$[Amount] covering the outstanding premium and any applicable fees.
- A signed and dated Statement of No Known Claims/Losses.
- [Optional: Any additional requested documentation, such as updated financial statements].

We confirm that, to the best of our knowledge, there have been no claims made, nor are there any facts or circumstances that could reasonably give rise to a claim against any Director or Officer, during the period the policy was inactive.

We value our coverage with [Insurance Company Name] and request that the policy be reinstated without a lapse in coverage. Please notify us in writing once the reinstatement has been processed.

Thank you for your assistance with this matter. Please contact [Name] at [Phone/Email] if you require further information.

Sincerely,

[Signature]
[Typed Name]
[Title]