

[Date]

[Insurance Company Name]  
[Billing/Accounts Department Address]  
[City, State, Zip Code]

**RE: Reinstatement Request for Directors and Officers (D&O) Liability Policy**

Policy Number: [Your Policy Number]  
Insured Name: [Company Name]

Dear Underwriting Department,

Please accept this letter as a formal request to reinstate the above-referenced Directors and Officers Liability insurance policy, which was recently cancelled or lapsed due to non-payment of premium.

Attached to this letter, you will find payment in the amount of \$[Amount] representing the full outstanding balance required to bring the account current. [Optional: Provide payment reference or check number].

We further confirm that, to the best of our knowledge, there have been no new claims, potential claims, or circumstances that could give rise to a claim under this policy during the period between the cancellation date and the date of this request.

Please confirm in writing once the reinstatement has been processed and the policy is back in force. If any additional forms or "No Loss Letters" are required, please let us know immediately.

Thank you for your assistance.

Sincerely,

[Signature]  
[Printed Name]  
[Title/Officer Position]  
[Company Name]