

[Your Company Name]  
[Address Line 1]  
[Address Line 2]  
[Phone Number]  
[Date]

[Insurance Carrier Name]  
[Attn: Underwriting Department]  
[Address Line 1]  
[Address Line 2]

**RE: Request for Reinstatement of Commercial General Liability Policy**

Policy Number: [Your Policy Number]  
Insured Name: [Your Business Name]  
Effective Date of Cancellation: [Date of Cancellation]

To Whom It May Concern,

We are formally requesting the reinstatement of the above-referenced Commercial General Liability policy, which was recently cancelled due to [state reason, e.g., non-payment of premium / failure to submit requested documents].

[Select applicable option:]

- Enclosed is the payment in the amount of \$[Amount] to cover the outstanding balance.
- Attached is the requested documentation: [List documents].

We confirm that there have been no known losses, claims, or incidents likely to result in a claim during the period from the date of cancellation to the present date. We understand that reinstatement is subject to the underwriter's approval.

Please provide written confirmation once the policy has been reinstated and is back in active status. If you require any additional information, please contact us immediately at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]  
[Your Printed Name]  
[Your Title]