

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

[Date]

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

Subject: Request for Reinstatement of Motorcycle Insurance Policy #[Policy Number]

Dear [Insurance Agent Name or Customer Service Department],

I am writing to formally request the reinstatement of my motorcycle insurance policy, number [Policy Number], which was cancelled on [Cancellation Date] due to [Reason for Cancellation, e.g., non-payment].

I value the coverage provided by [Insurance Company Name] and would like to restore my policy immediately. To facilitate this request, I have enclosed [or mention online payment] the total outstanding balance of \$[Amount], including any applicable late fees or reinstatement penalties.

Please let me know if there are any additional forms required or if a vehicle inspection is necessary to complete the reinstatement process. I confirm that there have been no accidents or claims involving the motorcycle, a [Year, Make, and Model], during the period the policy was lapsed.

I look forward to receiving confirmation that my coverage is active again. Please send the updated proof of insurance to my address listed above or via email at [Your Email Address].

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]