

[Your Name/Company Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Insurance Company Name]

[Underwriter Name or Department]

[Address]

[City, State, Zip Code]

RE: Request for Reinstatement of Professional Liability Policy

Policy Number: [Your Policy Number]

Insured: [Your Name or Business Name]

To Whom It May Concern,

I am writing to formally request the reinstatement of the above-referenced professional liability policy, which was cancelled on [Date of Cancellation] due to [Reason for Cancellation, e.g., non-payment of premium].

As of [Date], the following actions have been taken to rectify the situation: [e.g., Payment has been issued via electronic transfer / A check is enclosed].

I confirm that between the date of cancellation and the current date, there have been no known claims, nor am I aware of any incidents or circumstances that could reasonably be expected to give rise to a claim against [Your Name/Company Name].

Please confirm once the policy has been reinstated and provide an updated Certificate of Insurance for our records. If any further documentation or a formal Statement of No Loss is required, please let me know immediately.

Thank you for your assistance in this matter.

Sincerely,

[Signature]

[Your Printed Name]

[Your Title]