

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

[Date]

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

**RE: Request for Policy Reinstatement**

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

To Whom It May Concern,

I am writing to formally request the reinstatement of the above-referenced workers' compensation insurance policy, which was cancelled on [Cancellation Date] due to [Reason for Cancellation, e.g., non-payment/missing documentation].

Enclosed with this letter, you will find:

- [Required Payment Amount/Proof of Payment]
- [Required Documentation, if applicable]
- [Signed Statement of No Loss, if required]

We understand the importance of maintaining continuous coverage and have taken steps to ensure that future [payments/filings] are handled promptly to avoid any further lapses. We kindly ask that you reinstate the policy without a gap in coverage, if possible.

Please confirm once the reinstatement has been processed. If you require any additional information, please contact me directly at [Your Phone Number].

Thank you for your time and assistance in this matter.

Sincerely,

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