

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

[Date]

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

Subject: Request for Policy Reinstatement Without Lapse in Coverage

Dear Reinstatement Department,

I am writing to formally request the reinstatement of my insurance policy, number **[Policy Number]**, which was recently [cancelled/marked for expiration] effective **[Date of Termination]** due to [reason for cancellation, e.g., non-payment].

I request that this policy be reinstated with no lapse in coverage. I have enclosed the full outstanding balance of **[\$Amount]** to bring the account current. [Optional: I have also included the required reinstatement fee of **[\$Amount]**].

I confirm that there have been no losses, accidents, or claims during the period from the date of cancellation to the present date. I understand that the continuous coverage is subject to your approval of this request and the processing of the attached payment.

Please provide written confirmation once the policy has been successfully reinstated without a gap in coverage. If further documentation or information is required, please contact me immediately.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]