

[Your Name/Authorized Representative]

[Your Company Name]

[Your Business Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Insurance Company Name]

[Agent or Underwriter Name]

[Insurance Company Address]

[City, State, Zip Code]

RE: Request for Reinstatement of Business Interruption Insurance Policy

Policy Number: [Your Policy Number]

Effective Dates: [Original Start Date] to [Original End Date]

Dear [Name of Contact Person],

I am writing to formally request the reinstatement of the Business Interruption Insurance coverage for [Your Company Name], which was previously [cancelled/lapsed] on [Date of Cancellation/Lapse].

We understand that the coverage was terminated due to [Reason for Cancellation, e.g., non-payment of premium, administrative error, or temporary closure]. We have since resolved the underlying issue. Specifically, we have [explain corrective action taken, e.g., enclosed the outstanding premium payment of \$Amount].

As our business operations are [fully operational/resuming on Date], this coverage is vital for our risk management strategy. We confirm that no losses or business interruptions have occurred during the period that the policy was inactive.

Please provide the necessary application forms or confirmation of reinstatement. If there are additional requirements or updated premium adjustments, please let us know immediately so we can fulfill them.

Thank you for your prompt attention to this matter. We look forward to receiving written confirmation that our coverage is active.

Sincerely,

[Signature]

[Printed Name]

[Title]