

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

[Date]

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

**RE: Request for Reinstatement of Policy #[Your Policy Number]**

Dear [Contact Name or Underwriting Department],

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

I value my coverage with [Insurance Company Name] and would like to restore my policy to active status. I have enclosed [mention payment or required documentation] to address the cause of the cancellation. I also certify that there have been no accidents or claims involving the insured vehicle during the lapse period from [Cancellation Date] to the present date.

Please let me know if there are any additional forms to sign or fees required to complete this process. I look forward to receiving a confirmation of my reinstated coverage as soon as possible.

Thank you for your time and assistance.

Sincerely,

[Your Signature]

[Your Printed Name]