

[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 Commercial General Liability Policy Reinstatement

Policy Number: [Your Policy Number]

Insured Name: [Your Business Name]

To Whom It May Concern,

I am writing to formally request a reinstatement application for the above-referenced Commercial General Liability insurance policy, which was cancelled on [Cancellation Date] due to [Reason for Cancellation, e.g., non-payment/missing documentation].

It is our intention to restore coverage immediately. Please provide the necessary reinstatement forms and a statement of any outstanding premiums or fees required to process this request. [Optional: Attached is the payment for the overdue balance in the amount of \$XXX.XX].

Furthermore, I confirm that there have been no claims or losses incurred during the lapse period from [Date of Cancellation] to the present date.

Please send the application documents to [Email Address] at your earliest convenience. If you require additional information, please contact me directly at [Phone Number].

Thank you for your prompt assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title]