

[Your Name/Business 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 Reinstatement of General Liability Insurance

Policy Number: [Your Policy Number]

Expiration/Cancellation Date: [Date of Cancellation]

To Whom It May Concern,

I am writing to formally request the reinstatement of the above-referenced General Liability Insurance policy, which was recently cancelled due to [reason for cancellation, e.g., non-payment or missed renewal].

We value the coverage provided by [Insurance Company Name] and wish to rectify this situation immediately. To facilitate the reinstatement process, we have enclosed [or have already submitted via portal] the following:

- Full payment of the outstanding premium in the amount of \$[Amount].
- A signed Statement of No Losses for the period between the cancellation date and the present date.
- [Any other requested documentation].

Please review this application for reinstatement at your earliest convenience. If there are additional forms required or further steps we must take to restore our coverage without a lapse, please contact me directly at [Phone Number].

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title/Position]