

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

[Date]

[Contact Name]
[Carrier/Company Name]
[Department Name]
[Address]
[City, State, Zip Code]

Subject: Application for Independent Agency Contract Reinstatement - [Agency Code/Contract Number]

Dear [Contact Name],

I am writing to formally request the reinstatement of the independent agency contract between [Your Agency Name] and [Company Name], which was terminated on [Termination Date].

Since the termination of our agreement, our agency has taken significant steps to address the factors that led to the contract's dissolution. Specifically, we have implemented the following improvements:

- [Detail Improvement 1: e.g., Increased production targets]
- [Detail Improvement 2: e.g., Enhanced compliance protocols]
- [Detail Improvement 3: e.g., Staffing changes or training]

We remain committed to the products and services offered by [Company Name] and believe that a renewed partnership would be mutually beneficial. Our agency is currently in a strong position to meet and exceed all production requirements and professional standards set forth in the original agreement.

Please let us know the necessary steps, forms, or additional documentation required to begin the formal reinstatement process. We are eager to demonstrate our commitment to a successful long-term partnership.

Thank you for your time and for considering this request.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title]