

[Your Name/Company Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Broker/Insurance Company Name]

[Contact Person Name]

[Address]

[City, State, Zip Code]

RE: Request for Reinstatement of Professional Indemnity Insurance Policy #[Policy Number]

Dear [Contact Person Name],

I am writing to formally request the reinstatement of the Professional Indemnity Insurance policy referenced above, which was [cancelled/expired] on [Date of Cancellation/Expiry].

The policy was discontinued due to [briefly state reason, e.g., administrative oversight / missed premium payment / temporary cessation of operations]. We have now addressed this issue and wish to restore our coverage immediately to ensure there is no further lapse in our professional protection.

Please provide the necessary reinstatement application forms and advise on any outstanding premiums, interest, or administrative fees required to process this request.

Furthermore, I confirm that since the date of [cancellation/expiry]:

1. No professional negligence claims have been made against the firm.
2. We are not aware of any circumstances likely to give rise to a claim.

We look forward to receiving the application requirements and your confirmation of coverage reinstatement.

Sincerely,

[Signature]

[Your Printed Name]

[Your Job Title]