

[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 Workers' Compensation Coverage

Policy Number: [Your Policy Number]

To Whom It May Concern,

I am writing to formally request the reinstatement of our workers' compensation insurance policy, which was recently cancelled effective [Cancellation Date] due to [Reason for Cancellation, e.g., non-payment/late filing].

We understand the importance of maintaining continuous coverage and have taken the following steps to rectify the issue: [Briefly list actions taken, e.g., payment of outstanding premium, submission of required forms].

Please provide us with the necessary reinstatement application forms or instructions to restore our coverage as soon as possible. We are eager to resolve this matter and ensure there are no further lapses in our policy.

Thank you for your prompt attention to this request. We look forward to receiving the application materials.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title]