

[Your Company Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Insurance Company Name]
[Billing/Underwriting Department]
[Address]
[City, State, Zip Code]

RE: Request for Policy Reinstatement within Grace Period

Policy Number: [Your Policy Number]
Insured Name: [Your Business Name]

To Whom It May Concern,

Please accept this letter as a formal request to reinstate the above-referenced Commercial General Liability insurance policy, which was recently [cancelled/marked for expiration] due to non-payment.

Enclosed with this letter, you will find payment in the amount of \$[Amount] representing the full outstanding balance required to bring the account current. We understand that this payment is being submitted within the allowable grace period provided by your company.

We confirm that there have been no losses, accidents, or incidents that could lead to a claim under this policy during the period from the date of cancellation to the present time. We request that coverage be reinstated with no lapse in protection.

Please provide written confirmation once the reinstatement has been processed. If any further documentation or information is required, please contact me immediately at [Phone Number] or [Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]
[Printed Name]
[Title/Position]