

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

[Date]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Request for Reinstatement of Renters Insurance Policy #[Your Policy Number]

To the Billing and Underwriting Department,

I am writing to formally request the reinstatement of my renters insurance policy, number [Your Policy Number], which recently lapsed on [Date of Lapse] due to [Reason for Lapse, e.g., non-payment/oversight].

I value the coverage provided by [Insurance Company Name] and wish to rectify this situation immediately. I have enclosed the full payment of \$[Amount] to cover the past due balance and any applicable reinstatement fees. [Alternatively: I have made the full payment via your online portal today, confirmation number: #####].

I can confirm that there have been no claims or losses at my residence located at [Your Rental Address] during the period the policy was lapsed.

Please let me know if there are any additional forms required or if you need further information to process this reinstatement. I look forward to receiving written confirmation that my coverage is active again.

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]