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

[Date]

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

RE: Request for Reinstatement of Policy #[Your Policy Number]

Dear [Agent Name or Customer Service Department],

I am writing to formally request the reinstatement of my automobile insurance policy, which was cancelled on [Cancellation Date] due to [Reason for Cancellation, e.g., non-payment].

I value my coverage with [Insurance Company Name] and would like to restore my policy immediately to avoid a lapse in coverage. I have enclosed the full payment of $[Amount] to cover the outstanding balance and any applicable reinstatement fees.

Please let me know if there are any additional forms or "Statement of No Loss" documents required to complete this process. I would appreciate a written confirmation once my policy is active again.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]