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

[Date]

[Insurance Company Name]
[Agent/Underwriter Name]
[Address]
[City, State, Zip Code]

**RE: Request for Reinstatement of Commercial Liability Insurance Policy**
**Policy Number:** [Policy Number]
**Insured Name:** [Your Business Name]

To Whom It May Concern,

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

We have addressed the cause of the cancellation by [Action Taken, e.g., submitting the full outstanding balance of $0.00 via your online portal]. We confirm that there have been no claims or losses incurred during the period the policy was lapsed from [Cancellation Date] to the present date.

Our business requires this coverage to remain compliant with [Contractual Obligations/State Regulations]. We kindly ask that you reinstate the policy without a lapse in coverage, if possible, or advise us on the earliest effective date of reinstatement.

Please find the following documents attached for your review:
- [Document 1, e.g., Proof of Payment]
- [Document 2, e.g., Signed No-Loss Statement]

Thank you for your prompt attention to this matter. Please notify us once the reinstatement has been processed or if additional information is required.

Sincerely,

[Your Name]
[Your Title]
[Your Business Name]