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

[Date]

[Recipient Name or Department]
[Insurance Company Name]
[Company Address]
[City, State, Zip Code]

Subject: Request for Policy Reinstatement - Policy Number: [Your Policy Number]

Dear [Recipient Name or Customer Service Department],

I am writing to formally request the reinstatement of my insurance policy, [Policy Number], which was recently cancelled due to [reason for cancellation, e.g., non-payment].

I acknowledge and understand that there has been a gap in my insurance coverage starting from [Cancellation Date] until the date this reinstatement becomes effective. I confirm that no losses, accidents, or claims occurred during this period of lapsed coverage, and I accept full financial responsibility for any incidents that may have taken place during this gap.

Enclosed/Attached is the payment of $[Amount] to cover the outstanding balance and any required reinstatement fees. I have also included [any additional required documents, e.g., Statement of No Loss].

Please process this reinstatement at your earliest convenience and provide written confirmation once the policy is active again. Should you require any further information, please contact me at [Your Phone Number].

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]