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

[Date]

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

Subject: Request for Reinstatement of Policy #[Policy Number] with No Lapse in Coverage

To Whom It May Concern,

I am writing to formally request the reinstatement of my [Type of Insurance, e.g., Auto/Home/Life] insurance policy, number [Policy Number], which was recently cancelled due to [Reason for Cancellation, e.g., non-payment].

Enclosed with this letter, you will find the full payment of $[Amount] to cover the outstanding balance and any applicable reinstatement fees. I request that this policy be reinstated effective immediately, ensuring there is no lapse in coverage from the date of cancellation to the present.

I confirm that no losses or claims have occurred during the brief period the policy was inactive. I value my coverage with [Insurance Company Name] and have taken steps to ensure that future payments are made on time [e.g., by setting up automatic payments].

Please provide written confirmation once the reinstatement has been processed and the policy is back in good standing with continuous coverage.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]