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

[Date]

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

RE: Request for Reinstatement of Workers' Compensation Policy
Policy Number: [Your Policy Number]
Effective Date of Cancellation: [Date of Cancellation]

To Whom It May Concern,

I am writing to formally request the immediate reinstatement of our Workers' Compensation insurance policy, which was recently cancelled due to [reason for cancellation, e.g., non-payment of premium / failure to submit audit].

To rectify this situation, we have taken the following actions:

- [Action 1: e.g., Enclosed is the full payment of the outstanding premium in the amount of $0.00]
- [Action 2: e.g., Completed and attached the requested payroll audit forms]
- [Action 3: e.g., Implemented a new automatic payment system to prevent future lapses]

We confirm that there have been no employee injuries or claims filed between the date of cancellation and the present date. We understand that reinstatement is subject to your company's approval and may involve a lapse in coverage period.

Please review the attached documentation and notify us once the policy has been reinstated. If further information is required, please contact me directly at [Your Phone Number].

Sincerely,

[Signature]

[Printed Name]
[Title/Position]