

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

[Date]

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

RE: Request for Policy Reinstatement

Insured Name: [Client Full Name]
Policy Number: [Policy Number]
Property Address: [Insured Property Address]

To the Underwriting Department,

Our agency is formally requesting the reinstatement of the above-referenced homeowners insurance policy, which was cancelled on [Cancellation Date] due to [Reason for Cancellation, e.g., Non-payment / Failure to provide inspection].

The issue leading to the cancellation has been resolved as follows:

- [Detail resolution, e.g., Full premium payment has been collected/submitted]
- [Detail resolution, e.g., Required documents or repairs have been completed]

We confirm that there have been no losses, claims, or incidents at the insured property during the lapse period from [Cancellation Date] to the present date. Attached is a signed Statement of No Loss provided by the insured.

We kindly ask that you reinstate the policy with no lapse in coverage. Please notify our office once the reinstatement has been processed or if further documentation is required.

Thank you for your assistance.

Sincerely,

[Agent Name]
[Title]
[Agency Name]