

[Policyholder Name]
[Mailing Address]
[City, State, Zip Code]

[Date]

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

RE: Request for Reinstatement of Homeowners Insurance Policy #[Policy Number]

Dear Billing Department,

I am writing to formally request the reinstatement of my homeowners insurance policy, which recently lapsed due to non-payment. I understand the importance of continuous coverage and wish to restore my policy immediately.

To ensure that future premiums are paid on time and to prevent any further lapses in coverage, I have successfully enrolled in your **Automatic Payment (Auto-Pay)** program. My payment information has been updated in the online portal, and I authorize [Insurance Company Name] to withdraw the required funds for the reinstatement premium and all subsequent installments from the account on file.

Please find the following details regarding this request:

- **Policy Number:** [Policy Number]
- **Automatic Payment Start Date:** [Date]
- **Authorized Payment Amount:** [Total Amount Due]

I kindly request a written confirmation or a Statement of Reinstatement once my coverage has been restored. Please let me know if there are any additional forms or signatures required to complete this process.

Thank you for your assistance in this matter.

Sincerely,

[Signature]

[Printed Name]
[Phone Number]
[Email Address]