

[Date]

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

RE: Request for Policy Reinstatement

Policyholder Name: [Your Full Name]
Policy Number: [Your Policy Number]
Property Address: [Insured Property Address]

To the Billing Department,

I am writing to formally request the reinstatement of my homeowners insurance policy, which recently lapsed due to a past due premium payment.

Enclosed with this letter, please find a payment in the amount of \$[Amount] to cover the outstanding balance and any applicable late fees. I confirm that there have been no losses, claims, or damages to the insured property during the period the policy was lapsed.

Please process this payment and notify me in writing once the policy has been successfully reinstated. If there are additional forms required or if the premium amount has changed, please contact me immediately at [Your Phone Number] or [Your Email Address].

Thank you for your assistance in maintaining my coverage.

Sincerely,

[Your Signature]
[Your Printed Name]