

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

[Date]

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

RE: Request for Policy Reinstatement

Policy Number: [Your Policy Number]
Property Address: [Insured Property Address]

To Whom It May Concern,

I am writing to formally request the reinstatement of my homeowners insurance policy, which was recently cancelled effective [Date of Cancellation] due to [Reason for Cancellation, e.g., non-payment/missing documentation].

I value the coverage provided by [Insurance Company Name] and would like to maintain my policy without a lapse in coverage. I have enclosed the following to rectify the situation:

- [Amount of payment] covering the past due premium and any applicable late fees.
- [List any required documents, if applicable].
- [Statement confirming no losses occurred during the lapse period, if required].

Please review my request and confirm once the policy has been reinstated. If there are additional requirements or forms needed to finalize this process, please contact me immediately at [Your Phone Number].

Thank you for your time and assistance in this matter.

Sincerely,

[Your Signature]
[Your Printed Name]