

**Date:** [Insert Date]

**To:** [Underwriter Name/Department]

**Company:** [Insurance Company Name]

**Address:** [Company Address]

**RE: Reinstatement Appeal for Policy #[Policy Number]**

**Insured:** [Insured Name]

Dear Underwriting Team,

I am writing to formally appeal the cancellation of the above-referenced policy, which was terminated on [Cancellation Date] due to [Reason for Cancellation, e.g., Non-payment/Missing Documentation].

The insured wishes to maintain their coverage and has taken the following steps to rectify the issue:

- [Action 1: e.g., Full payment of outstanding premium is attached/has been processed]
- [Action 2: e.g., Missing forms/inspections are now completed and attached]
- [Action 3: Explanation of why the lapse occurred and how it will be prevented in the future]

The insured has been a valued client since [Year] and has a history of [mention positive attributes, e.g., timely payments/low loss ratio]. A lapse in coverage would create a significant hardship for the client.

We kindly request that you reinstate the policy with no lapse in coverage. Please let us know if any additional information or signatures are required to complete this request.

Thank you for your time and consideration.

Sincerely,

[Agent Name]

[Agency Name]

[Phone Number]

[Email Address]