

[Your Name/Business Name]

[Your Business Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Insurance Company Name]

[Attention: Billing/Underwriting Department]

[Company Address]

[City, State, Zip Code]

RE: Request for Policy Reinstatement

Policy Number: [Your Policy Number]

Insured Name: [Your Business Name]

Dear [Contact Name or Department],

I am writing to formally request the reinstatement of our business liability insurance policy, which was recently [cancelled/lapsed] due to non-payment of premium. We understand that our payment was not received within the standard grace period.

The missed payment was due to [briefly state reason, e.g., an administrative oversight / banking error / temporary cash flow issue]. We have since corrected this issue to ensure that future payments are made on time.

Attached to this letter, please find [mention payment method, e.g., a check for the full past-due amount / confirmation of electronic payment] in the amount of \$[Amount].

We value the protection provided by [Insurance Company Name] and request that the policy be reinstated without a lapse in coverage. Please let us know if there are any additional forms or "Statement of No Loss" documents required to finalize this reinstatement.

Thank you for your time and consideration of this request. I look forward to receiving written confirmation that our coverage is active.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title]