

[Your Name/Business Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Insurance Company Name]

[Underwriting Department]

[Address]

[City, State, Zip Code]

RE: Request for Reinstatement of Commercial Liability Policy

Policy Number: [Policy Number]

Insured Name: [Your Business Name]

To Whom It May Concern,

I am writing to formally request the reinstatement of the above-referenced Commercial General Liability insurance policy, which was cancelled effective [Date of Cancellation] due to [Reason for Cancellation, e.g., non-payment of premium].

We value our coverage with [Insurance Company Name] and would like to restore the policy immediately to ensure there is no further lapse in coverage. To facilitate this request, please find the following enclosed:

- Payment in the amount of \$[Amount] covering the past due premium and any applicable late fees.
- A signed Statement of No Loss confirming that no claims or incidents have occurred during the lapse period.

Please review this request and provide written confirmation once the policy has been reinstated. If additional documentation or information is required to process this reinstatement, please contact me directly at [Your Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]

[Your Printed Name]

[Your Title/Position]