

[Contractor Name/Company Name]  
[Street Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]

[Date]

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

**Subject: Request for Reinstatement of General Liability Policy #[Policy Number]**

To Whom It May Concern,

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

I value the coverage provided by [Insurance Company Name] and wish to rectify this lapse immediately. To facilitate the reinstatement, I have enclosed/attached the following:

- Full payment of the outstanding premium amount of \$[Amount].
- A signed No Loss Statement confirming that no claims or incidents have occurred during the lapse period from [Cancellation Date] to [Current Date].
- [Additional required documentation, if any].

Please review this request and confirm the reinstatement of my policy with no lapse in coverage if possible, or advise on the earliest effective date for active status. Maintaining this policy is critical for my ongoing projects and contractual obligations.

Thank you for your time and assistance in this matter. I look forward to receiving written confirmation of the policy reinstatement.

Sincerely,

[Signature]

[Printed Name]  
[Title/Position]