

[Current Date]

[Insurance Company Name]

[Underwriting Department]

[Street Address]

[City, State, Zip Code]

RE: Request for Reinstatement of General Liability Policy

Policyholder Name: [Your Business Name]

Policy Number: [Policy Number]

Expiration/Cancellation Date: [Date Policy Lapsed]

To Whom It May Concern,

Please accept this letter as a formal request to reinstate the above-referenced commercial liability insurance policy, which lapsed on [Date] due to [reason for lapse, e.g., non-payment/administrative error].

Enclosed is the payment in the amount of \$[Amount] to cover the outstanding premium balance and any applicable reinstatement fees.

We further certify that there have been no known claims, losses, or incidents that may give rise to a claim under this policy during the period from the date of cancellation to the current date.
[Optional: Attached is a signed Statement of No Loss.]

Please confirm in writing once the policy has been reinstated and provide an updated Certificate of Insurance. If you require additional information, please contact me at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Your Name]

[Your Title/Business Role]