[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Date]

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

RE: Request for Policy Reinstatement
Policy Number: [Your Policy Number]

Dear [Agent Name or Department],

I am writing to formally request the reinstatement of my automobile insurance policy, which lapsed on [Date of Lapse] due to [Reason for Lapse, e.g., non-payment/overlooked renewal notice].

I value my coverage with [Insurance Company Name] and would like to maintain my policy without further interruption. I confirm that there have been no accidents, claims, or losses involving the insured vehicle during the period the policy was lapsed.

I have enclosed the total outstanding balance of $[Amount] to bring my account current. If there is a reinstatement fee required, please let me know or apply it to my attached payment method.

Please review my request and provide written confirmation once the policy has been reinstated. If you require any additional information or a Statement of No Loss form, please contact me immediately.

Thank you for your time and assistance in this matter.

Sincerely,

[Your Signature]
[Your Printed Name]