

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

[Date]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Request for Reinstatement of Renters Insurance Policy #[Your Policy Number]

To the Billing and Underwriting Department,

I am writing to formally request the reinstatement of my renters insurance policy, which recently lapsed on [Date of Lapse] due to [Reason for Lapse, e.g., non-payment or missed renewal].

I value the protection your company provides and wish to rectify this situation immediately. I have enclosed the full payment of \$[Amount] to cover the outstanding balance and any required reinstatement fees. I also confirm that no losses or claims have occurred during the period that the policy was inactive.

Please let me know if any further documentation or information is required to process this request. Once the policy is reinstated, I would appreciate a written confirmation or an updated declarations page for my records.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]