

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

[Date]

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

RE: Request for Policy Reinstatement

Policy Number: [Your Policy Number]

Dear Customer Service Department,

I am writing to formally request the reinstatement of my renter's insurance policy, which was recently cancelled due to non-payment of the premium.

The lapse in payment was due to [briefly state reason, e.g., an expired credit card / an oversight during my move]. I value the protection your company provides and would like to restore my coverage immediately.

Enclosed is the full payment of \$[Amount] to cover the past due balance and any applicable reinstatement fees. I understand that coverage is subject to approval and will be effective as of the date this request is processed by your office.

Please confirm in writing once the policy has been successfully reinstated. If you require any further information or additional forms, please contact me at [Your Phone Number].

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]