[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 auto insurance policy, which was recently cancelled due to an overdue premium payment.

The lapse in payment was due to [briefly state reason, e.g., an administrative error / oversight / temporary financial hardship]. I value the coverage provided by [Insurance Company Name] and wish to restore my policy to active status immediately.

Enclosed with this letter, please find a payment in the amount of $[Amount] to cover the past-due balance and any applicable late fees. I understand that a "Statement of No Loss" may be required to confirm that no accidents or claims occurred during the lapse period, which I am prepared to provide.

Please notify me as soon as possible regarding the status of this reinstatement and if any further documentation is required. You can reach me at [Your Phone Number] or [Your Email Address].

Thank you for your time and assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]