

[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]

Insured Name: [Full Name on Policy]

Dear Billing Department,

I am writing to formally request the reinstatement of the above-referenced insurance policy which recently lapsed due to non-payment.

I wish to maintain my coverage and am requesting a direct bill payment option to settle the outstanding balance. Please find enclosed a payment in the amount of \$[Amount] representing the past due premium and any applicable reinstatement fees.

Please confirm once this payment has been processed and the policy is active. If there are additional forms required or if the reinstatement amount has changed, please contact me immediately at [Your Phone Number].

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]