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

[Date]

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

RE: Request for Reinstatement of Rideshare Gap Coverage
Policy Number: [Your Policy Number]
Vehicle: [Year, Make, Model, VIN]

To Whom It May Concern,

I am writing to formally request the reinstatement of the Rideshare Gap Coverage (Endorsement) on my personal auto insurance policy, effective immediately.

My records indicate that this coverage was previously [canceled/removed] on [Date]. I am an active independent contractor for [Rideshare Company Name, e.g., Uber/Lyft], and this coverage is essential to ensure there are no gaps in protection during "Period 1" (when the app is on, but a ride has not yet been accepted).

Please let me know if there are any additional premiums due or if you require updated documentation regarding my rideshare status. I am prepared to make any necessary payments to ensure continuous coverage.

Please provide written confirmation once this coverage has been reinstated and send an updated Proof of Insurance/Declarations Page to my address on file.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]