

[Your Name/Business Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Insurance Company Name]

[Attn: Underwriting Department]

[Address]

[City, State, Zip Code]

RE: Request for Reinstatement of Workers Compensation Policy

Policy Number: [Policy Number]

Effective Dates: [Policy Start Date] to [Policy End Date]

To Whom It May Concern,

I am writing to formally request the reinstatement of my Workers Compensation insurance policy, which was recently cancelled effective [Date of Cancellation] due to [Reason for Cancellation, e.g., non-payment/missing audit information].

As an independent artisan contractor, maintaining continuous coverage is essential for my operations and contract compliance. I have taken the following steps to rectify the issue:

- [Step 1: e.g., Enclosed is the full premium payment of \$XX.XX]
- [Step 2: e.g., Attached are the completed audit forms]
- [Step 3: e.g., Updated contact information to ensure timely notifications]

I also confirm that there have been no losses or injuries sustained by any employees or subcontractors during the period the policy was lapsed from [Cancellation Date] to the present date.

Please review this request and provide written confirmation of the reinstatement at your earliest convenience. If any further documentation or information is required, please contact me directly at [Phone Number].

Thank you for your assistance in this matter.

Sincerely,

[Signature]

[Printed Name]

[Title/Owner]