

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
Date: [MM/DD/YYYY]

[Insurance Company Name]
[Branch Address]
[City, State, ZIP Code]

Subject: Request for Reinstatement of Lapsed Policy – Policy No. [XXXXXXXX]

Dear Sir/Madam,

I am writing to formally request the reinstatement of my lapsed insurance policy (Policy No. [XXXXXXXX]), which lapsed due to non-payment of premium. I regret the oversight and assure you that it was not intentional.

I kindly request you to guide me with the necessary formalities and amount to be paid to reinstate my policy. Please find enclosed the required documents for your reference.

I value the coverage provided by your esteemed organization and look forward to continuing my relationship with you. I appreciate your prompt attention to this request.

Thank you for your assistance.

Sincerely,

[Your Name]

[Signature if submitting a printed letter]