

[Date]

[Recipient Name]  
[Recipient Title/Position]  
[Insurance Company Name]  
[Company Address Line 1]  
[Company Address Line 2]

**Subject: Request for Reinstatement of Lapsed Life Insurance Policy [Policy Number]**

Dear [Recipient Name],

I am writing to formally request the reinstatement of my lapsed life insurance policy, policy number [Policy Number], which was issued under the name [Your Full Name].

The policy unfortunately lapsed due to [briefly state the reason, e.g., oversight, financial constraints, etc.]. I sincerely apologize for this and assure you of my commitment to maintaining my policy going forward.

Kindly advise me on the procedures and requirements for reinstating my policy. I am willing to fulfill any necessary obligations, including payment of outstanding premiums and submission to any required health declarations.

I would greatly appreciate your prompt assistance in this matter so that my life insurance coverage can be restored as soon as possible.

Thank you for your understanding and support.

Yours sincerely,

[Your Full Name]  
[Your Address]  
[Your Contact Number]  
[Your Email Address]