

[Date]

[Recipient Name]
[Recipient Address]
[City, State, Zip Code]

Subject: Notice of Coverage Lapse - Claim #[Claim Number]

Dear [Recipient Name],

We are writing to inform you that we have completed a review of the insurance coverage for the incident reported on [Date of Incident].

After checking our records, we have determined that your insurance policy, [Policy Number], was not active on the date the incident occurred. Our records indicate that coverage lapsed on [Lapse Date] due to [Reason for Lapse, e.g., non-payment].

Because the policy was not in effect at the time of the loss, we are unable to provide coverage, defense, or indemnification for any claims arising from this specific incident.

If you have documentation showing that the policy was active or that payment was made prior to the incident date, please submit it to our office for review as soon as possible.

If you have any questions regarding this notice, please contact [Department/Contact Name] at [Phone Number].

Sincerely,

[Your Name/Signature]
[Your Title]
[Company Name]