

[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: NOTICE OF POLICY LAPSE

Policy Number: [Policy Number]
Policy Type: [Type of Insurance]
Expiration Date: [Date of Lapse]

Dear [Policyholder Name],

We are writing to formally notify you that your insurance policy listed above has lapsed effective [Date of Lapse] due to non-payment of the premium.

As a result of this lapse, your insurance coverage is no longer active. Any claims arising from incidents occurring after the lapse date will not be covered. It is important to maintain continuous coverage to avoid financial risk and potential legal complications.

To Reinstate Your Coverage:

In many cases, coverage can be reinstated if the outstanding balance is paid immediately. To discuss reinstatement options, please follow these steps:

- Contact our Billing Department at [Phone Number].
- Visit our online portal at [Website URL] to make a payment.
- The total amount due to bring your account current is: \$[Amount].

Please note that reinstatement may be subject to approval and may require a statement of no loss.

If you have already sent your payment, please disregard this notice. If you have questions regarding this notification, please contact your agent or our customer service team.

Sincerely,

[Sender Name/Department]
[Company Name]