

[Company Name]
[Company Address]
[City, State, Zip Code]
[Date]

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

RE: Notice of Claim Rejection - Policy Number: [Policy Number]

Dear [Policyholder Name],

We have received and reviewed your claim submitted on [Date of Claim Submission] regarding the incident occurring on [Date of Incident].

After a thorough review of our records, we regret to inform you that your claim has been rejected. This decision is based on the fact that your insurance policy was not active at the time of the reported incident.

Our records indicate that Policy [Policy Number] lapsed on [Date of Lapse] due to non-payment of premiums. According to the terms and conditions of your policy agreement, coverage is only provided while the policy is in force and all premiums are paid up to date. Since the incident occurred after the lapse date, no coverage was available for this loss.

If you believe this information is incorrect or if you have proof of payment that was made prior to the lapse date, please submit the documentation to our billing department within [Number] days for further review.

If you would like to discuss reinstating your policy for future coverage, please contact our customer service department at [Phone Number].

Sincerely,

[Name of Claims Adjuster/Representative]
[Title]
[Company Name]