

[Your Name/Company Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Recipient Name]

[Recipient Address/Insurance Company Name]

[City, State, Zip Code]

RE: Notice of Coverage Lapse on Date of Loss

Claim Number: [Claim Number, if applicable]

Policy Number: [Policy Number]

Date of Loss: [Date of Incident]

To Whom It May Concern,

I am writing to formally address the status of the above-referenced insurance policy regarding the incident that occurred on [Date of Loss].

Upon reviewing the policy records, it has been determined that there was a lapse in coverage during the period in which the loss occurred. The policy was not in force on the date of the incident due to [Reason for lapse, e.g., non-payment of premium / expiration of term / cancellation notice dated MM/DD/YYYY].

Specifically, the coverage lapsed on [Date of Lapse] and was [not reinstated / reinstated on Date]. Consequently, the events occurring on [Date of Loss] fall outside the active coverage window.

[Optional: Include details regarding any notices sent prior to the lapse or steps taken to attempt recovery of the policy].

Because the policy was inactive at the time of the loss, [Insurance Company Name] is unable to provide indemnification, defense, or coverage for any claims arising from this specific incident.

If you have documentation showing the policy was active or if you believe this determination was made in error, please submit supporting evidence to our office for further review.

Sincerely,

[Signature]

[Printed Name]

[Title/Position]