

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

[Date]

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

Subject: NOTICE OF CLAIM DENIAL / LAPSE IN COVERAGE

Policy Number: [Policy Number]
Claim Number: [Claim Number]
Date of Incident: [Date of Incident]

Dear [Policyholder Name],

We have received your claim regarding the incident occurring on [Date of Incident]. After reviewing your policy account and payment history, we are unable to provide coverage for this loss.

Our records indicate that your insurance policy lapsed on [Date Policy Lapsed] due to non-payment of the premium due on [Original Due Date]. A notice of cancellation was previously sent to you on [Date Cancellation Notice Sent].

Because the reported incident occurred on [Date of Incident], which is after the date of policy cancellation and before any subsequent reinstatement, there was no active coverage in effect at the time of the loss.

Consequently, we must respectfully deny your claim. You remain responsible for any costs or liabilities arising from this incident.

If you have documentation showing that payment was made prior to the lapse, or if you believe this information is in error, please contact our Billing Department immediately at [Phone Number].

Sincerely,

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