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

[Date]

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

Subject: FINAL NOTICE: Expiration of Grace Period - Policy #[Policy Number]

Dear [Policyholder Name],

Our records indicate that we have not yet received the premium payment for your [Insurance Type] policy, which was due on [Original Due Date].

Please be advised that your policy's grace period will expire on **[Grace Period End Date]**. If the total amount due is not received by this date, your insurance coverage will lapse and the policy will be cancelled effective [Cancellation Date and Time].

Payment Details:
Policy Number: [Policy Number]
Past Due Amount: $[Amount]
Late Fees (if applicable): $[Amount]
Total Amount Required to Maintain Coverage: $[Total Amount]

To prevent a lapse in coverage, please make a payment immediately via one of the following methods:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: [Mailing Address for Payments]

If your payment has already been sent, please disregard this notice. If you are experiencing financial difficulties, please contact our customer service department at [Phone Number] to discuss available options.

A lapse in coverage may result in a loss of protection and may make it more difficult or expensive to obtain insurance in the future.

Sincerely,

[Sender Name/Department]
[Company Name]