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

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

RE: NOTICE OF POLICY LAPSE

Policy Number: [Policy Number]
Vehicle: [Year, Make, Model]
Expiration Date: [Date of Lapse]

Dear [Policyholder Name],

We are writing to inform you that your auto insurance policy has lapsed effective [Date of Lapse] due to non-payment of the premium. As of this date, you no longer have insurance coverage for the vehicle(s) listed on your policy.

Driving without insurance is illegal and may result in fines, license suspension, or financial liability in the event of an accident. Additionally, a lapse in coverage may lead to higher premiums in the future.

Outstanding Balance: $[Amount Due]

To reinstate your coverage, please take the following steps immediately:

- Pay the outstanding balance of $[Amount Due] by [Due Date].
- Contact our billing department at [Phone Number].
- Visit our website at [Website URL] to make a payment online.

Please note that reinstatement is subject to company approval and may require a "Statement of No Loss" confirming that no accidents occurred during the lapse period.

If you have already sent your payment, please disregard this notice.

Sincerely,

[Agent/Department Name]
[Insurance Company Name]