[Agency Name]
[Agency Address]
[City, State, Zip Code]
[Phone Number]
[Date]

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

Subject: NOTICE OF POLICY LAPSE - POLICY #[Policy Number]

Dear [Policyholder Name],

We are writing to formally notify you that your insurance policy referenced above has lapsed effective [Lapse Date] due to non-payment of the required premium.

As of the date of this letter, your coverage is no longer in effect. This means that any claims for incidents occurring after the lapse date will not be covered under this policy.

Policy Details:

- Policy Type: [Type of Insurance]
- Expiration/Lapse Date: [Date]
- Outstanding Balance: $[Amount]

If you wish to reinstate your coverage, please contact our office immediately at [Phone Number]. Reinstatement is subject to agency approval and may require a new application or a statement of no losses during the period of the lapse.

If you have already sent your payment, please disregard this notice and contact us to ensure your records are updated.

Sincerely,

[Name of Agent/Representative]
[Agency Name]