

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: URGENT NOTICE - NOTICE OF IMPENDING POLICY LAPSE

Policy Number: [Policy Number]

Overdue Amount: \$[Amount]

Payment Due Date: [Due Date]

Dear [Policyholder Name],

Our records indicate that we have not yet received the premium payment for the policy referenced above. Your account is now past due.

Please be advised that if payment is not received by **[Lapse Date]**, your insurance coverage will lapse. A policy lapse means you will no longer be protected, and any claims filed after this date will not be covered.

To keep your policy active and avoid a gap in coverage, please choose one of the following payment options:

- **Online:** Visit [Website URL] to pay via credit card or bank transfer.
- **Phone:** Call our automated billing system at [Phone Number].
- **Mail:** Send a check or money order using the enclosed envelope to [Mailing Address].

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

Sincerely,

[Sender Name/Department]

[Company Name]