

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**Subject: Confirmation of Policy Lapse - Policy Number: [Policy Number]**

Dear [Policyholder Name],

This letter serves as formal confirmation that your insurance policy, [Policy Number], has lapsed effective [Lapse Date] due to non-payment of the required premium.

As of the date mentioned above, your coverage is no longer active. This means you are no longer protected against risks previously covered under this policy, and any claims for incidents occurring after this date will not be honored.

If you believe this is an error, or if you wish to discuss options for reinstating your coverage, please contact our Customer Service Department immediately at [Phone Number] or via email at [Email Address].

Please note that reinstatement may be subject to a review of eligibility and the payment of outstanding balances plus any applicable late fees.

Thank you for your previous business.

Sincerely,

[Name of Sender]

[Title/Department]

[Company Name]