FINAL NOTICE OF POLICY LAPSE

Date: [Insert Date]

To: [Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: TERMINATION OF GENERAL LIABILITY INSURANCE

Policy Number: [Insert Policy Number]

Dear [Policyholder Name],

This letter serves as formal notification that your General Liability insurance policy has officially lapsed effective [Insert Date of Lapse] due to [Insert Reason, e.g., non-payment of premium].

As of the date above, you no longer have active insurance coverage. This means:

- No claims occurring after this date will be covered.
- Legal defense costs for new incidents will not be provided.
- You may be in violation of lease agreements or client contracts requiring proof of insurance.

To reinstate your coverage and avoid a permanent gap in insurance history, you must take action immediately. Please submit the outstanding balance of $[Insert Amount] by [Insert Deadline Date].

Please note that reinstatement is subject to underwriting approval and is not guaranteed. If payment is not received by the deadline, your file will be closed, and you will need to apply for a new policy, which may result in higher premiums.

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

Sincerely,

[Agent/Broker Name]
[Insurance Company/Agency Name]
[Phone Number]
[Email Address]