Date: [Current Date]

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

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

Dear [Policyholder Name],

We are writing to inform you that your Homeowners Insurance policy has lapsed effective [Lapse Date] due to a missed Electronic Funds Transfer (EFT) payment.

Our records indicate that the payment scheduled for [Draft Date] in the amount of $[Amount] was unsuccessful. As a result, your coverage has been terminated for non-payment of premium.

Current Status: Your property is currently NOT covered by insurance. This may also be a violation of your mortgage agreement.

To request a reinstatement of your policy, please take the following actions immediately:

- Pay the past due balance of $[Amount].
- Provide an updated payment method if your banking information has changed.
- Contact our billing department at [Phone Number] or visit [Website URL].

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

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

Sincerely,

[Sender Name/Department]
[Company Name]
[Contact Phone Number]