

[Date]
[Policy Number]
[Insured Name]
[Mailing Address]

SUBJECT: FINAL NOTICE OF POLICY LAPSE - INSUFFICIENT FUNDS

Dear [Policyholder Name],

This letter serves as formal notification that your insurance policy [Policy Number] has lapsed effective [Date of Lapse] due to non-payment of premium. Your recent payment attempt via [Payment Method] was returned by your financial institution marked as Insufficient Funds (NSF).

As of the effective date mentioned above, you no longer have insurance coverage under this policy. This means any claims incurred after this date will not be honored, and you may be at risk for legal or financial liabilities.

To reinstate your coverage, you must complete the following steps by [Reinstatement Deadline Date]:

- Pay the outstanding premium balance of \$[Amount].
- Pay the associated NSF/Late fee of \$[Amount].
- [Optional: Complete a Statement of Good Health/Reinstatement Application].

Please note that reinstatement is subject to underwriting approval and is not guaranteed. If payment is not received by the deadline, your policy will be permanently closed, and you will need to apply for a new policy at current market rates.

To make a payment immediately via credit card or certified funds, please call our billing department at [Phone Number] or visit [Website URL].

Sincerely,

[Sender Name]
[Company Name]
[Contact Information]