

[Date]

[Insured Name]
[Business Name]
[Address Line 1]
[City, State, Zip Code]

RE: NOTICE OF POLICY LAPSE

Policy Number: [Policy Number]
Insurance Type: [Type of Insurance]
Expiration/Lapse Date: [Date of Lapse]

Dear [Insured Name],

This letter serves as formal notification that your commercial insurance policy referenced above has lapsed effective [Date] due to insufficient funds (NSF) for the payment scheduled on [Payment Date].

As a result of this lapse, all coverage under this policy has been terminated. Your business is currently unprotected against risks previously covered by this agreement.

To discuss the possibility of reinstating your coverage, you must immediately provide the following:

- The outstanding premium balance of \$[Amount].
- An applicable NSF processing fee of \$[Amount].
- A signed "No Loss Statement" confirming no claims have occurred during the lapse period.

Please note that reinstatement is subject to underwriting approval and is not guaranteed. If payment is not received by [Final Deadline Date], your policy will remain permanently cancelled.

If you have already sent your payment or believe this notice was sent in error, please contact our billing department immediately at [Phone Number].

Sincerely,

[Your Name/Agent Name]
[Company Name]
[Phone Number]