

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Notice of Policy Lapse - Expiration of Grace Period and Insufficient Funds

Dear [Policyholder Name],

We are writing to formally notify you that your insurance policy [Policy Number] has lapsed effective [Lapse Date] due to non-payment of premium.

Our records indicate that our attempt to process your payment on [Date] was returned by your financial institution for Insufficient Funds (NSF). As your contractual grace period expired on [Expiration Date], coverage has been terminated as of the date mentioned above.

Policy Status: Lapsed / Inactive

Outstanding Balance: \$[Amount]

Lapse Date: [Date]

Please be advised that any claims incurred after the lapse date will not be covered. If you wish to apply for reinstatement of your policy, please contact our billing department immediately at [Phone Number]. Reinstatement may require a new application and is subject to underwriting approval.

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

Sincerely,

[Sender Name]

[Company Name]

[Department Name]