

[Agency Name]  
[Agency Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

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

**RE: NOTICE OF LAPSE OF INSURANCE COVERAGE**

Policy Number: [Policy Number]  
Policy Type: [Type of Insurance]  
Effective Date of Lapse: [Date Coverage Ended]

Dear [Policyholder Name],

This letter is to formally notify you that the insurance policy referenced above has lapsed effective [Date] due to [Reason, e.g., non-payment of premium].

Please be advised that as of the effective date of lapse, you no longer have insurance coverage under this policy. Any claims arising from incidents occurring after this date will not be covered.

If you have already sent your payment, please disregard this notice. If you wish to reinstate your coverage, please contact our office immediately at [Phone Number] to discuss your options. Please note that reinstatement may be subject to underwriting approval and a "no loss" statement.

If you have any questions regarding this matter, please contact your agent at [Agent Email/Phone].

Sincerely,

[Agent Name/Signature]  
[Agency Name]