

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

[Date]

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

RE: NOTICE OF POLICY LAPSE AND REINSTATEMENT OFFER

Policy Number: [Policy Number]
Vehicle: [Year, Make, Model]
Expiration Date: [Date of Lapse]

Dear [Policyholder Name],

Our records indicate that your automobile insurance policy has lapsed effective [Date of Lapse] due to non-payment of the premium. As a result, you no longer have insurance coverage for the vehicle listed above. Driving without insurance is illegal and puts you at significant financial risk.

We value your business and would like to offer you the opportunity to reinstate your coverage without a gap in protection, provided you meet the following requirements:

- **Payment Amount:** \$[Total Amount Due]
- **Deadline:** This offer expires on [Expiration Date/Time].
- **Statement of No Loss:** You must confirm that no accidents or claims occurred during the lapse period.

To reinstate your policy immediately, please choose one of the following options:

1. Pay online at: [Website URL]
2. Pay by phone: [Phone Number]
3. Visit a local agent at: [Agent Address]

If payment is not received by [Deadline], your policy will remain canceled, and you will need to apply for a new policy, which may result in higher rates due to a lapse in coverage.

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

Sincerely,

[Sender Name/Department]
[Company Name]