

[Agency Name]
[Agency 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]
Policy Type: [Type of Insurance]
Expiration/Lapse Date: [Date]

Dear [Policyholder Name],

Our records indicate that the premium payment for the above-referenced policy was not received by the due date. As a result, your insurance coverage lapsed effective [Lapse Date] at 12:01 AM.

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

- **Payment Amount:** \$[Amount Due]
- **Due Date:** [Deadline Date]
- **Condition:** No losses have occurred during the lapse period.

Please submit your payment immediately via [Payment Method/Website] or contact our office at [Phone Number] to process your reinstatement. If payment is not received by [Deadline Date], your policy will remain cancelled, and a new application may be required to obtain future coverage.

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

Sincerely,

[Agent/Representative Name]
[Agency Name]