

head>

[Agency Name]
[Agency Address]
[Phone Number]
[Date]

[Policyholder Name]
[Policyholder Address]

Subject: URGENT: Notice of Policy Lapse - Action Required

Dear [Policyholder Name],

We are reaching out to inform you that your insurance policy, **[Policy Number]**, has lapsed effective **[Date]** due to a missed premium payment.

This means you currently do not have active coverage. To protect yourself from financial risk and to avoid the need for a full reinstatement process or a new application, it is critical that we resolve this immediately.

How to restore your coverage:

- **Pay Online:** Visit [Website URL] to make a payment.
- **Pay by Phone:** Call us directly at [Phone Number].
- **Pay by Mail:** Send your payment to the address listed above.

The total amount required to bring your account current is **[\$Amount]**.

If you have already sent your payment, please disregard this letter. If you are experiencing financial difficulties, please contact our office as soon as possible so we can discuss available options to help you maintain your protection.

Sincerely,

[Agent Name]
[Agency Name]