

[Date]

[Recipient Name]

[Recipient Address]

[City, State, Zip Code]

**Subject: NOTICE OF LAPSE IN INSURANCE COVERAGE**

Dear [Recipient Name],

This letter is to officially notify you that your insurance coverage under Policy Number **[Policy Number]** has lapsed effective **[Date of Lapse]**.

Our records indicate that this lapse is due to: **[Reason, e.g., Non-payment of premium / Expiration of policy term]**. As of the effective date mentioned above, you no longer have active coverage, and any claims filed for incidents occurring after this date will not be honored.

**To reinstate your coverage, please complete the following steps:**

- Submit the outstanding payment of \$[Amount Due].
- Complete the attached reinstatement application (if applicable).
- Provide [Any additional requirements].

Please be aware that there may be a gap in coverage during the period between the lapse date and the date of reinstatement. If payment is not received by [Deadline Date], your policy will be permanently cancelled, and you will need to apply for a new policy at current market rates.

If you have already sent your payment or believe this notice was sent in error, please contact our customer service department immediately at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]

[Title]

[Company Name]