

Date: [Current Date]

To: [Policyholder Name]

Address: [Policyholder Address]

City, State, Zip: [City, State, Zip]

Subject: Notice of Policy Expiration

Policy Number: [Policy Number]

Policy Type: [Type of Insurance]

Expiration Date: [MM/DD/YYYY]

Dear [Policyholder Name],

This letter is to formally notify you that your insurance policy referenced above is scheduled to expire on **[Expiration Date]** at [Time, e.g., 12:01 AM].

As of the effective date of expiration, all coverage provided under this policy will cease. Please be advised that any claims arising from incidents occurring after this date will not be covered.

To ensure continuous protection and avoid a lapse in coverage, please contact us before the expiration date to discuss renewal options or to arrange for a new policy.

If you have already secured alternative coverage or have sent your renewal payment, please disregard this notice.

Sincerely,

[Your Name/Company Name]

[Contact Phone Number]

[Email Address]