

[Date]
[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: FINAL NOTICE OF POLICY LAPSE

Policy Number: [Policy Number]
Payment Reference: [Check Number]

Dear [Policyholder Name],

This letter serves as formal notification that your insurance policy has lapsed effective [Date of Lapse] due to non-payment of the required premium.

We recently received your payment via check number [Check Number] in the amount of \$[Amount]. However, this check was returned by your financial institution marked as [Reason: e.g., Insufficient Funds/Account Closed]. As a result, your premium remains unpaid.

Status of Coverage:

Your coverage is currently terminated. Any claims filed for incidents occurring after [Date of Lapse] will not be covered under this policy.

How to Reinstate Your Policy:

To prevent a permanent loss of coverage, you must provide a replacement payment including a returned check fee of \$[Fee Amount] no later than [Deadline Date]. We require payment to be made via one of the following methods:

- Credit or Debit Card via our online portal
- Certified Check or Money Order
- Electronic Funds Transfer (EFT)

Please note that reinstatement is subject to company approval and may require a statement of no loss. If payment is not received by [Deadline Date], your policy will be permanently cancelled, and you will need to reapply for new coverage, which may result in higher rates.

If you have already sent a replacement payment, please disregard this notice or contact our billing department at [Phone Number] to confirm receipt.

Sincerely,

[Sender Name]
[Company Name]
[Contact Information]