URGENT: NOTICE OF POLICY LAPSE

Date: [Insert Date]

Policyholder Name: [Insert Name]
Policy Number: [Insert Policy Number]
Vehicle: [Insert Vehicle Make/Model]

Dear [Insert Policyholder Name],

Our records indicate that we have not received the premium payment for your auto insurance policy. As a result, your coverage lapsed effective **[Insert Lapse Date]**.

Driving without insurance is illegal and puts you at significant financial risk. To reinstate your coverage and avoid a permanent cancellation, please pay the outstanding balance immediately.

Payment Details:

- Overdue Amount: $[Insert Amount]
- Due Date for Reinstate: [Insert Date]

You can make a payment through our website, mobile app, or by calling our billing department at [Insert Phone Number].

If you have already sent your payment, please disregard this notice. If you have questions regarding your account, please contact your agent immediately.

Sincerely,

[Insert Company Name]
Customer Service Department
[Insert Contact Information]