

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: Notice of Past Due Premium and Pending Policy Lapse

Policy Number: [Policy Number]

Product Type: [Type of Insurance]

Amount Past Due: \$[Amount]

Due Date: [Original Due Date]

Dear [Policyholder Name],

Our records indicate that we have not received the premium payment for the policy referenced above. As a result, your insurance coverage is currently past due and is at risk of lapsing.

To keep your coverage active and prevent a lapse in protection, we must receive a minimum payment of \$[Amount] by [Lapse Date].

If payment is not received by the date listed above, your policy will terminate effective 12:01 AM on [Lapse Date]. If your policy lapses, you will no longer have insurance coverage, and any claims filed for incidents occurring after this date will not be covered.

How to Make a Payment:

- **Online:** Visit [Website URL]
- **Phone:** Call our automated system at [Phone Number]
- **Mail:** Send a check to [Payment Address]

If you have already sent your payment, please disregard this notice. If you are experiencing financial hardship or have questions regarding your policy, please contact our Customer Service department immediately at [Customer Service Phone Number].

Sincerely,

[Company Name]

[Billing Department]