

[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

Subject: URGENT - Notice of Overdue Premium and Pending Policy Lapse

Dear [Policyholder Name],

Our records indicate that we have not yet received the premium payment for your policy listed below:

- **Policy Number:** [Policy Number]
- **Due Date:** [Original Due Date]
- **Amount Due:** [Amount]

Your policy is currently in its grace period. Please be advised that if payment is not received by **[Lapse Date]**, your coverage will lapse and the policy will terminate. Once a policy has lapsed, you will no longer be covered for any claims occurring after the termination date.

To keep your protection active, please submit your payment immediately through one of the following methods:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: Use the enclosed envelope to send a check or money order.

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 at [Phone Number] as soon as possible.

Sincerely,

[Sender Name/Department]
[Company Name]