

Auto Insurance Lapse Acknowledgment

Date: [Insert Date]

To: [Insured's Name]

Address: [Insured's Address]

Dear [Insured's Name],

This letter is to formally acknowledge the lapse in your auto insurance policy (Policy Number: [Insert Policy Number]). Our records indicate that your coverage was scheduled to renew on [Insert Renewal Date], but we have not received the necessary premium payment.

We understand that circumstances can arise that may lead to a lapse in coverage and want to remind you of the importance of maintaining continuous insurance. Please contact us at your earliest convenience to discuss your policy and any options available to reinstate your coverage.

We appreciate your attention to this matter and look forward to hearing from you soon.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Contact Information]