

Insurance Lapse Notice

Dear [Policyholder's Name],

We are writing to inform you that your insurance policy [Policy Number] has lapsed as of [Lapse Date]. This lapse means you no longer have coverage under this policy.

To avoid any gaps in coverage, we encourage you to take action immediately. Please contact our office at [Phone Number] or [Email Address] to discuss your options for renewing or reinstating your policy.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Company Contact Information]