

Insurance Renewal Failure Notification

Date: [Insert Date]

Policyholder Name: [Insert Name]

Policy Number: [Insert Policy Number]

Dear [Policyholder Name],

We regret to inform you that your insurance policy renewal for the term [Insert Renewal Term] has not been successfully processed due to [Insert Reason]. As a result, your coverage may have lapsed, and you may not be protected against potential risks.

To resolve this issue and ensure that your coverage remains uninterrupted, we kindly ask you to [Insert Action Required, e.g., contact customer service, submit necessary documents, etc.].

If you have already taken care of this matter, please disregard this notice. Otherwise, do not hesitate to reach out to us at [Insert Contact Information] for assistance.

Thank you for your attention to this important matter. We value your patronage and look forward to serving you.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[Company Phone Number]

[Company Email]