

Important Notification Regarding Your Insurance Policy

Date: [Insert Date]

Policyholder Name: [Insert Name]

Policy Number: [Insert Policy Number]

Insurance Company: [Insert Insurance Company Name]

Dear [Policyholder Name],

We are writing to inform you that there has been a lapse in your insurance coverage for policy number [Insert Policy Number] as of [Insert Lapse Date]. This lapse may significantly impact your coverage and benefits.

During the lapse period, any claims made will not be covered, and you could be financially responsible for any damages or losses incurred. We strongly recommend that you take immediate action to reinstate your policy to avoid any further gaps in coverage.

If you have questions regarding this situation or would like assistance with the reinstatement process, please do not hesitate to contact us at [Insert Contact Information].

Thank you for your prompt attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Contact Information]