

Insurance Lapse Notification

Date: [Insert Date]

Dear [Policyholder's Name],

We hope this message finds you well. This letter serves as a formal notification regarding the lapse of your insurance policy #[Policy Number] with [Insurance Company Name].

As per our records, we have not received your premium payment, which was due on [Due Date]. Consequently, your coverage is currently inactive, and you may be exposed to potential risks during this period.

To reinstate your policy and restore your coverage, please contact our customer service at [Customer Service Phone Number] or visit our website at [Website URL] for further assistance.

Should you have any questions, feel free to reach out. We value you as our customer and hope to continue serving you.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Contact Information]