

Cancellation Alert for Policy Lapse

Date: [Insert Date]

Dear [Policyholder's Name],

We are writing to inform you that your policy, [Policy Number], has lapsed due to non-payment of the premium. As of [Lapse Date], your coverage has been cancelled.

If you believe this lapse is an error, or if you wish to reinstate your policy, please contact us at [Contact Information] within the next [Number of Days] days.

Thank you for your attention to this important matter.

Sincerely,

[Your Company Name]

[Your Company Contact Information]