

Important Notice: Lapsed Insurance Policy

Dear [Policyholder's Name],

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

We understand that circumstances can arise that may lead to lapses in coverage. It is important to address this matter promptly to ensure your protection and peace of mind. Please contact us at your earliest convenience at [Contact Information] to discuss your options for reinstating your policy.

Thank you for your attention to this matter. We look forward to assisting you soon.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Contact Information]