

Insurance Coverage Lapse Confirmation

Date: [Insert Date]

To: [Insured Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Dear [Insured Name],

We are writing to inform you that your insurance coverage for policy number [Policy Number] has lapsed as of [Lapse Date]. This lapse occurred due to [reason for lapse, e.g., non-payment of premium].

Please review your policy documents and contact us at [Customer Service Number] or [Email Address] if you have any questions or if you would like to discuss options to reinstate your coverage.

We value you as a customer and hope to assist you in resolving this matter promptly.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Contact Information]