

Insurance Policy Lapse Notice

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Policyholder's Name],

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

To reinstate your policy, please follow these steps:

- Contact our customer service at [Customer Service Phone Number].
- Submit the required payment of [Amount Due].
- Provide any necessary documentation as requested.

Failure to reinstate your policy may result in the termination of coverage and potential issues in obtaining future insurance. We value your business and encourage you to act promptly.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]