

# Notification of Lapsed Insurance Coverage

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to inform you that your insurance policy with us, policy number [Policy Number], has lapsed as of [Lapse Date]. This means that your coverage is currently inactive and you are no longer protected under this policy.

To reinstate your coverage, we encourage you to contact us at your earliest convenience. Options may be available to renew your policy without a lapse in coverage.

If you have any questions or need further assistance, please do not hesitate to reach out to our customer service team at [Customer Service Phone Number] or [Customer Service Email Address].

Thank you for your attention to this matter. We value your business and look forward to assisting you in reinstating your coverage.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Address]

[City, State, Zip Code]