

Grace Period Reminder Notice

Date: [Insert Date]

To: [Policyholder's Name]

Address: [Policyholder's Address]

Policy Number: [Insert Policy Number]

Dear [Policyholder's Name],

This is a friendly reminder that your insurance policy for [Type of Insurance] is currently in its grace period. As of [Start Date of Grace Period], you have until [End Date of Grace Period] to make the necessary payment to keep your policy active.

Please ensure that your payment is received by the end date to avoid any lapse in coverage. If you have already made your payment, please disregard this notice.

If you have any questions or need assistance, feel free to contact us at [Contact Information].

Thank you for being a valued policyholder.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Contact Information]