

Insurance Policy Lapse Notification

Date: [Insert Date]

Policyholder Name: [Insert Name]

Policy Number: [Insert Policy Number]

Address: [Insert Address]

Dear [Policyholder Name],

We are writing to inform you that your insurance policy with policy number [Insert Policy Number] has lapsed as of [Insert Lapse Date]. This lapse occurred due to non-payment of premiums owed on your policy.

We understand that circumstances may arise that prevent timely payment. We encourage you to contact our office as soon as possible to discuss your options for reinstatement of coverage.

Please note that any claims made after the lapse date will not be covered under the terms of your insurance policy.

To avoid future lapses, we recommend setting up automatic payments or contacting us to discuss your billing options.

If you have already made a payment or believe this notification is in error, please contact us immediately at [Insert Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Company Name]

[Your Title]

[Your Contact Information]