

# Final Notice: Insurance Policy Lapse

Dear [Policyholder's Name],

This letter serves as a final notice regarding the lapse of your insurance policy with policy number [Policy Number]. Our records indicate that your premium payment due on [Due Date] has not been received.

As of [Lapse Date], your policy is no longer active, and you are no longer covered under the terms of your insurance. If this matter is not resolved by [Resolution Date], your policy will be permanently terminated, and any claims made after this date will not be honored.

To reinstate your coverage, please submit your payment of [Amount Due] by [Reinstatement Date]. For your convenience, you can make your payment online at [Payment Website], or contact our office at [Customer Service Phone Number] for assistance.

If you have already sent your payment, please disregard this notice. Otherwise, we encourage you to address this matter promptly to ensure continuous coverage.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Contact Information]