

Insurance Policy Lapse Notification

Date: [Insert Date]

Dear [Policyholder's Name],

We hope this message finds you well. 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 the premium due on [Insert Due Date]. Please be aware that as a result of this lapse, your coverage has been suspended, and any claims filed during this period may not be honored.

To reactivate your policy, you will need to pay the outstanding premium of [Insert Amount]. We encourage you to take action promptly to ensure your coverage remains in effect.

If you have any questions or require further assistance, please do not hesitate to contact us at [Insert Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Contact Information]