

Important Notification Regarding Your Insurance Coverage

Dear [Policyholder's Name],

We hope this message finds you well. This letter is to inform you that your insurance coverage for policy number [Policy Number] has lapsed as of [Lapse Date].

Reasons for coverage lapse may include:

- Non-payment of premium
- Failure to provide required documentation

To reinstate your coverage, please take the following steps:

1. Contact our customer service at [Customer Service Phone Number].
2. Provide any necessary documentation, if applicable.
3. Make the outstanding payment, if required.

Please note that lapses in coverage may affect your claims and future premiums. We encourage you to act promptly to avoid any further complications.

Thank you for your attention to this matter. If you have any questions, feel free to reach out.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Contact Information]