

Policy Lapse Warning

Date: [Insert Date]

Dear [Policyholder's Name],

We hope this message finds you well. This letter serves as a formal warning regarding your insurance policy (Policy Number: [Insert Policy Number]) that is currently at risk of lapse due to non-payment of premiums.

As of [Insert Date], we have not received your premium payment that was due on [Insert Due Date]. It is important to rectify this situation as soon as possible to avoid any interruption in your coverage.

Please note that if we do not receive your payment by [Insert Final Due Date], your policy may lapse, and you may lose the benefits provided under this agreement.

If you have any questions or need assistance, please do not hesitate to contact our customer service department at [Insert Phone Number] or [Insert Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Contact Information]