

Final Reminder: Insurance Policy Lapse

Date: [Insert Date]

Dear [Policyholder's Name],

This is a final reminder regarding the lapse of your insurance policy with us, Policy Number [Insert Policy Number]. Our records show that the payment due on [Insert Due Date] has not been received.

Please take immediate action to prevent a lapse in your coverage. To reinstate your policy, kindly submit the outstanding payment of [Insert Amount] by [Insert Final Deadline].

If you have already made this payment or believe this notice has been sent in error, please contact us at [Insert Contact Number] or [Insert Email Address] at your earliest convenience.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[Company Phone Number]

[Company Email Address]