

Notice of Lapse in Insurance Coverage

Date: [Insert Date]

To: [Policyholder's Name]

[Policyholder's Address]

Dear [Policyholder's Name],

We are writing to inform you that your insurance coverage under policy number [Insert Policy Number] has lapsed as of [Insert Date]. This means that you no longer have active insurance coverage and are not protected against potential losses during this period.

Please take immediate action to reinstate your coverage or secure alternative insurance to avoid any potential liabilities. To reinstate your policy, please contact us at [Insert Contact Information] or visit our website at [Insert Website].

We appreciate your prompt attention to this matter. If you have already taken steps to rectify this lapse, please disregard this notice.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Contact Information]