

Notification of Insurance Policy Grace Period

Date: [Insert Date]

Policyholder Name: [Insert Name]

Policy Number: [Insert Policy Number]

Dear [Policyholder Name],

We would like to inform you that your insurance policy (Policy Number: [Insert Policy Number]) is currently in a grace period. This grace period extends from [Start Date] to [End Date].

During this time, your coverage remains active, and you have the opportunity to make your premium payment without any penalties or loss of coverage.

Please ensure that your payment is made before the end of the grace period to avoid any lapse in coverage.

If you have any questions or require assistance, feel free to contact our customer service team at [Insert Contact Information].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]