

**Date:** [Insert Date]

**Subject: SECOND NOTICE: Urgent Warning Regarding Lapsed Coverage**

**Policy Number:** [Insert Policy Number]

**Expiration Date:** [Insert Date]

Dear [Policyholder Name],

Our records indicate that we have not yet received payment for your insurance policy premium. This is your second notification that your coverage is at risk of cancellation.

If payment is not received by [Termination Date], your policy will officially lapse. A lapse in coverage may result in:

- Loss of protection against claims and damages.
- Higher future premiums.
- Legal or contractual penalties.

**Payment Details:**

Amount Due: [Insert Amount]

Due Date: [Insert Date]

Please submit your payment immediately through our online portal, by phone at [Insert Phone Number], or by mail. If you have already sent your payment, please disregard this letter.

If you are experiencing financial difficulties or have questions regarding your account, please contact our billing department as soon as possible to discuss available options.

Sincerely,

[Sender Name]

[Company Name]

[Contact Information]