[Date]

[Policyholder Name]
[Mailing Address]
[City, State, Zip Code]

Subject: NOTICE OF INSURANCE POLICY EXPIRATION AND COVERAGE LAPSE

Dear [Policyholder Name],

Our records indicate that your homeowners insurance policy, number **[Policy Number]**, reached its maturity date on **[Expiration Date]** and has not been renewed.

As of this date, your property located at **[Property Address]** is no longer covered by an active insurance policy. This means you currently have no financial protection against potential losses such as fire, theft, liability, or natural disasters.

Required Action:

- If you have already obtained insurance through another provider, please provide us with the new policy information immediately.
- If you wish to reinstate your coverage with us, please contact your agent at [Phone Number] or visit our website at [Website URL] to process your renewal payment.

Please note that if you have a mortgage on this property, your lender likely requires continuous insurance coverage. Failure to maintain a policy may result in the lender purchasing "force-placed" insurance at a significantly higher cost to you.

We value your business and hope to help you restore your protection as soon as possible.

Sincerely,

[Your Name/Department]
[Company Name]
[Contact Phone Number]