[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

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

Subject: ACTION REQUIRED: Your Payment Card for Policy [Policy Number] is Expiring Soon

Dear [Policyholder Name],

We are writing to notify you that the credit/debit card on file for your General Liability Insurance policy (Ending in [Last 4 Digits]) is set to expire on [Expiration Date].

To ensure there is no disruption to your insurance coverage and to avoid potential late fees or policy cancellation, please update your payment information before the end of this month.

How to update your information:

- **Online:** Log in to your account at [Website URL].
- **By Phone:** Call our billing department at [Phone Number].
- **Mobile App:** Open the [Company Name] app and go to the "Billing" section.

If you have already updated your card details, please disregard this notice.

Thank you for choosing [Company Name] for your business insurance needs.

Sincerely,

[Sender Name]
[Title]
[Company Name]