[Company Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Business Name]
[Address Line 1]
[City, State, Zip Code]

RE: URGENT - Credit Card Expiration Notice for Policy #[Policy Number]

Dear [Policyholder Name],

We are writing to notify you that the credit card currently on file for your automatic insurance premium payments is set to expire on **[Expiry Date]**.

To ensure that your business insurance coverage remains active and to avoid any late fees or a potential lapse in coverage, please update your payment information before your next scheduled billing date.

How to update your information:

- **Online:** Log in to your account at [Website URL] and navigate to the "Billing" or "Payment Methods" section.
- **Phone:** Call our billing department at [Phone Number] between [Hours of Operation].

If you have already updated your information or have recently replaced this card, please disregard this notice.

Thank you for your prompt attention to this matter and for choosing [Company Name] for your business insurance needs.

Sincerely,

[Sender Name/Department Name]
[Company Name]