[Date]

[Recipient Name]
[Business Name]
[Street Address]
[City, State, Zip Code]

Subject: Action Required: Complete Your General Liability Coverage

Dear [Recipient Name],

Thank you for choosing [Insurance Company Name] for your business needs. We are writing to remind you that your application for General Liability insurance is currently incomplete.

To ensure your business is fully protected against third-party claims, property damage, and bodily injury, we require the following information to finalize your policy:

- [Required Item 1, e.g., Signed Application Form]
- [Required Item 2, e.g., Proof of Prior Coverage]
- [Required Item 3, e.g., Premium Payment]

Please provide these documents by [Deadline Date] to avoid any lapse in coverage or cancellation of your quote. You can submit these items by replying to this email, uploading them through our portal at [Website Link], or mailing them to our office.

If you have already submitted these items, please disregard this notice. If you have questions regarding your coverage or the requirements, please contact your agent at [Phone Number] or [Email Address].

Sincerely,

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