[Date]

[Insured Name]
[Business Name]
[Mailing Address]
[City, State, Zip Code]

RE: NOTICE OF POLICY LAPSE FOR NON-PAYMENT

Policy Number: [Policy Number]
Policy Type: Commercial General Liability
Effective Date of Lapse: [Date of Lapse]

Dear [Insured Name],

Our records indicate that we have not received the premium payment due for the above-referenced commercial liability policy. As a result, your insurance coverage has lapsed effective [Date of Lapse] at 12:01 A.M. Standard Time.

Please be advised that you currently have no liability coverage in place for your business. Any incidents, claims, or accidents occurring after the lapse date will not be covered by this policy.

To reinstate your coverage, the following amount must be received immediately:

Total Amount Due: $[Amount]

Reinstatement is subject to company approval and may require a signed "No Loss Statement" confirming that no claims have occurred during the period of the lapse. If payment is not received by [Final Deadline Date], your policy will be permanently cancelled, and you will need to apply for a new policy, which may result in higher premiums.

If you have already sent your payment, please disregard this notice. If you have any questions or wish to make a payment over the phone, please contact us at [Phone Number].

Sincerely,

[Agent/Representative Name]
[Insurance Agency/Company Name]
[Contact Information]