[Brokerage Name]
[Brokerage Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: URGENT NOTICE - NOTICE OF IMMINENT POLICY LAPSE

Policy Number: [Policy Number]
Insurance Carrier: [Carrier Name]
Premium Due Date: [Due Date]

Dear [Policyholder Name],

We are writing to inform you that we have not yet received the premium payment for the insurance policy referenced above. As your insurance broker, we want to ensure you maintain continuous coverage and avoid any potential financial risks.

Your policy is scheduled to lapse on [Cancellation Date] at 12:01 AM if payment is not received.

If your policy lapses, you will no longer have insurance protection. This may result in:

- A gap in insurance history, which may increase future premiums.
- Financial liability for any claims or accidents occurring after the lapse date.
- Legal penalties if the insurance is required by law or contract (e.g., auto or mortgage requirements).

To keep your coverage active, please make a payment of **$[Amount Due]** immediately via one of the following methods:

- Online: [Link to Payment Portal]
- Phone: [Carrier or Brokerage Phone Number]
- Mail: Please ensure the check reaches us before [Cancellation Date].

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties or have questions regarding your bill, please contact our office at [Phone Number] immediately so we can discuss available options.

Sincerely,

[Broker Name/Signature]
[Title]
[Brokerage Name]