

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

Subject: URGENT: NOTICE OF IMPENDING POLICY LAPSE

Dear [Client Name],

Our records indicate that your insurance policy, [Policy Number], is currently in its grace period and is scheduled to lapse on [Expiration Date] due to non-payment of premium.

We value your business and want to ensure that your coverage remains active. A lapse in coverage could leave you financially vulnerable and may result in higher premiums when seeking a new policy in the future.

To keep your protection in place, please submit your payment of \$[Amount Due] by [Due Date]. You can make a payment through one of the following methods:

- **Online:** [Website URL]
- **Phone:** [Phone Number]
- **Mail:** [Mailing Address for Payments]

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 immediately at [Agency Phone Number] so we can discuss your options.

Sincerely,

[Agent Name]

[Agency Name]