[Date]

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

RE: URGENT NOTICE - IMPENDING LAPSE OF COMMERCIAL GENERAL LIABILITY INSURANCE

Policy Number: [Policy Number]
Expiration/Cancellation Date: [Date of Lapse]

Dear [Policyholder Name],

This letter serves as a formal notification that your Commercial General Liability (CGL) insurance policy is scheduled to lapse on **[Date of Lapse]** due to [Reason, e.g., non-payment of premium / expiration of term].

If this coverage is allowed to lapse, your business will be exposed to significant financial risks, including legal claims for bodily injury, property damage, and personal injury. Additionally, a lapse in coverage may put you in violation of lease agreements or professional contracts requiring proof of insurance.

To prevent this lapse and maintain continuous protection, please complete the following action immediately:

- Submit payment in the amount of $[Amount Due] by [Due Date].
- Provide requested renewal documentation by [Due Date].

You can make a payment or renew your policy by contacting us at [Phone Number] or visiting our website at [Website URL].

If you have already sent your payment or renewed your policy, please disregard this notice.

Sincerely,

[Name of Agent/Representative]
[Insurance Company/Agency Name]
[Phone Number]
[Email Address]