URGENT: IMMEDIATE ACTION REQUIRED TO PREVENT POLICY LAPSE

Date: [Insert Date]

To: [Recipient Name]
Address: [Recipient Address]
Policy/Account Number: [Insert Number]

Dear [Recipient Name],

This letter serves as an urgent notification regarding your outstanding balance of $[Insert Amount]. Our records indicate that your payment is now overdue.

Please be advised that failure to receive payment by [Insert Deadline Date] will result in the immediate lapse of your liability coverage. A lapse in coverage may leave you personally responsible for any claims, legal fees, or damages incurred during the period of non-payment.

To ensure your protection remains active, please submit your payment via one of the following methods:

- Online: [Insert Website Link]
- Phone: [Insert Phone Number]
- Mail: [Insert Mailing Address]

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties or have questions regarding your account, please contact our billing department immediately at [Insert Contact Number].

Sincerely,

[Your Name/Company Name]
[Your Title]
[Contact Information]