[Date]

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

RE: NOTICE OF POLICY LAPSE AND TERMINATION OF COVERAGE

Policy Number: [Policy Number]
Policy Type: Commercial General Liability
Expiration of Grace Period: [Date]

Dear [Policyholder Name],

This letter serves as formal notification that the grace period for your Commercial General Liability insurance policy expired on [Date]. As we have not received the required premium payment of $[Amount Due], your coverage has officially lapsed effective [Time] on [Date of Lapse].

Please be advised of the following consequences regarding this lapse:

- **No Coverage:** Your business is currently uninsured. Any incidents, accidents, or claims occurring after the lapse date will not be covered under this policy.
- **Legal/Contractual Risks:** You may be in violation of lease agreements, client contracts, or state regulations that require active liability insurance.
- **Reinstatement:** Coverage is not guaranteed to be reinstated. If you wish to apply for reinstatement, you must submit the full past-due balance immediately. We will then notify you if the policy can be reactivated or if a new application is required.

If you have already sent your payment, please contact our billing department at [Phone Number] immediately to confirm receipt and verify the status of your coverage.

To discuss your options or to make a payment by phone, please call us at [Phone Number] or visit [Website URL].

Sincerely,

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