URGENT: NOTICE OF PENDING INSURANCE COVERAGE GAP

Date: [Insert Date]

To: [Policyholder Name]
[Business Name]
[Address Line 1]
[Address Line 2]

Subject: Warning of Potential Liability Lapse - Policy #[Policy Number]

Dear [Policyholder Name],

Our records indicate that your commercial insurance coverage is scheduled to expire or be cancelled on **[Expiration Date]** due to [Reason, e.g., non-payment / non-renewal].

A lapse in coverage creates significant financial and legal risks for your business, including:

- **Unprotected Assets:** You will be personally and professionally liable for any claims, damages, or lawsuits occurring during the lapse period.
- **Legal and Contractual Violations:** You may be in breach of lease agreements, client contracts, or state licensing requirements.
- **Higher Future Premiums:** Insurance carriers often charge significantly higher rates to businesses with a history of coverage gaps.

To avoid a gap in protection, please take one of the following actions immediately:

1. Submit your payment of [Amount Due] via [Payment Link/Method].
2. Provide proof of alternative coverage if you have switched providers.
3. Contact our office at [Phone Number] to discuss renewal options.

Failure to act before [Deadline Date] will result in an official lapse of liability coverage. We urge you to resolve this matter today to ensure your business remains protected.

Sincerely,

[Your Name/Agent Name]
[Agency Name]
[Contact Information]