URGENT: ACTION REQUIRED TO AVOID COVERAGE LAPSE

Date: [Insert Date]

To: [Policyholder Name]
Address: [Policyholder Address]
City, State, Zip: [City, State, Zip]

Re: Commercial General Liability Policy #[Policy Number]

Dear [Policyholder Name],

Our records indicate that your Commercial General Liability insurance policy is scheduled to expire or be cancelled on **[Expiration/Cancellation Date]** due to [Reason, e.g., non-payment / missing renewal documentation].

To ensure your business remains protected and to avoid a lapse in coverage, you must take the following action(s) by **[Deadline Date]**:

- [Action Item 1: e.g., Submit payment of $0.00]
- [Action Item 2: e.g., Sign and return the renewal application]
- [Action Item 3: e.g., Provide updated gross sales figures]

A lapse in coverage can leave your business vulnerable to lawsuits, property damage claims, and may result in higher future premiums. Additionally, many contracts and leases require continuous proof of active liability insurance.

Please contact your agent at [Agent Phone Number] or [Agent Email Address] immediately to confirm your intent to maintain coverage.

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

Sincerely,

[Sender Name]
[Company Name]
[Phone Number]