URGENT: IMMEDIATE ACTION REQUIRED

Date: [Insert Date]

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

Re: Notice of Pending Insurance Lapse - Policy #[Insert Policy Number]

Dear [Policyholder Name],

This letter serves as an official warning that your Commercial General Liability insurance policy is scheduled to lapse on **[Insert Expiration/Cancellation Date]** due to [Insert Reason, e.g., non-payment/failure to renew].

If this coverage is allowed to lapse, your business will face the following risks:

- Unprotected exposure to legal claims and lawsuits.
- Potential breach of lease agreements or client contracts.
- Loss of professional licenses or certifications.
- Higher premiums to reinstate coverage in the future.

To maintain your coverage and prevent a lapse, you must take the following action immediately:

[Insert Required Action, e.g., Remit payment of $XXX.XX / Submit renewal application]

Please contact your agent at [Insert Phone Number] or visit our online portal at [Insert Website URL] to resolve this matter before the deadline.

If you have already submitted your payment or renewal, please disregard this notice.

Sincerely,

[Your Name/Department]
[Company Name]
[Contact Phone Number]