URGENT: CRITICAL NOTICE REGARDING INSURANCE COVERAGE

Date: [Insert Date]

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

Re: Notice of Commercial General Liability (CGL) Insurance Lapse
Policy Number: [Insert Policy Number]
Expiration/Termination Date: [Insert Date]

Dear [Contact Name],

Our records indicate that your Commercial General Liability insurance coverage has lapsed effective [Date] due to [Reason, e.g., non-payment/failure to renew].

This is a critical warning. As of the date above, your business is currently operating without liability protection. This lapse exposes your company to significant financial risks, including:

- Full financial responsibility for legal claims, bodily injury, or property damage.
- Potential breach of lease agreements or client contracts.
- Legal penalties or loss of professional licensing.

To reinstate your coverage and avoid further risk, you must take the following actions immediately:

1. Contact our office at [Phone Number] or [Email Address].
2. Submit the required payment of $[Amount] by [Deadline Date].
3. Provide a signed "Statement of No Known Losses" if requested.

Please note that coverage is not guaranteed until you receive written confirmation of reinstatement from our underwriting department. Any incidents occurring during the lapse period will not be covered.

Please address this matter immediately to ensure your business remains protected.

Sincerely,

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