URGENT NOTICE: ACTION REQUIRED TO PREVENT POLICY LAPSE

Date: [Insert Date]

Policyholder Name: [Insert Name]
Policy Number: [Insert Policy Number]
Property/Insured Item: [Insert Description]

Dear [Insert Policyholder Name],

This is an urgent notification regarding your insurance coverage. Our records indicate that we have not yet received the premium payment due on [Insert Due Date].

Your policy is currently in a grace period and is scheduled to lapse on [Insert Expiration Date] at 12:01 AM.

If payment is not received by this date, your coverage will be terminated. A lapse in coverage may result in:

- Loss of protection against financial claims or damages.
- Difficulty obtaining future insurance coverage.
- Potential legal or contractual violations (e.g., mortgage or lease requirements).

To maintain your coverage, please pay the Total Amount Due: $[Insert Amount]

You can make a payment through the following methods:

- **Online:** [Insert Website URL]
- **Phone:** [Insert Phone Number]
- **Mail:** Send a check to [Insert Payment Address]

If you have already sent your payment, please disregard this notice. If you are experiencing financial hardship or have questions regarding this bill, please contact our billing department immediately at [Insert Phone Number].

Sincerely,

[Insert Sender Name/Department]
[Insert Company Name]
[Insert Contact Information]