

**Date:** [Insert Date]

**Recipient:** [Tenant Name]

**Address:** [Property Address]

**Unit Number:** [Unit Number]

**Subject: URGENT: Renters Insurance Payment Failure and Potential Coverage Lapse**

Dear [Tenant Name],

We are writing to inform you that your most recent premium payment for your renters insurance policy, [Policy Number], was declined by your financial institution.

Our records indicate that the credit card on file for your account has expired. As a result, your insurance coverage is at risk of cancellation. To ensure your personal belongings remain protected and that you stay in compliance with your lease agreement, you must update your payment information immediately.

**Action Required:**

- Log in to your online portal at [URL] to update your credit card details.
- Call our billing department at [Phone Number] to process your payment over the phone.

Please provide the updated information by [Date] to prevent a formal lapse in coverage. If your policy is cancelled, you may be responsible for any damages or losses that occur during the uninsured period, and you may face penalties as outlined in your rental contract.

If you have already updated your information or made a payment, please disregard this notice.

Sincerely,

[Sender Name/Management Company]

[Contact Phone Number]

[Contact Email Address]