URGENT: EXPIRATION NOTICE / ACTION REQUIRED

Date: [Insert Date]

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

Subject: NOTICE OF UNPAID PREMIUM - Policy Number: [Policy Number]

Dear [Policyholder Name],

Our records indicate that we have not received the premium payment for your Personal Umbrella Liability Policy, which was due on [Due Date].

As of today, your account is past due in the amount of **$[Amount Due]**. Please be advised that if payment is not received by [Cancellation Date] at [Time], your coverage will officially lapse and your policy will be cancelled for non-payment.

An Umbrella policy provides critical catastrophic liability protection over and above your primary auto and homeowners insurance. A lapse in coverage could leave your personal assets at significant risk in the event of a major lawsuit or claim.

To maintain your coverage, please take one of the following actions immediately:

- **Pay Online:** Visit [Website URL] and log into your account.
- **Pay by Phone:** Call our billing department at [Phone Number].
- **Pay by Mail:** Send a check payable to [Company Name] to [Mailing Address].

If you have already sent your payment, please disregard this notice. If you are experiencing financial hardship or have questions regarding your bill, please contact your agent at [Agent Phone Number] immediately to discuss your options.

Sincerely,

[Sender Name/Department]
[Company Name]