URGENT: NOTICE OF PENDING POLICY LAPSE

Date: [Insert Date]

Recipient Name: [Insert Insured Name]
Address: [Insert Street Address]
City, State, Zip: [Insert City, State, Zip]

Re: Personal Umbrella Liability Policy

Policy Number: [Insert Policy Number]

Expiration/Lapse Date: [Insert Date]

Dear [Insert Insured Name],

Our records indicate that we have not yet received the premium payment required to renew your Umbrella Liability Policy. As a result, your coverage is scheduled to lapse on **[Insert Date]** at 12:01 AM.

If your payment is not received by the date listed above, your policy will be cancelled, and you will no longer have excess liability protection. This could leave your personal assets at risk in the event of a major claim or lawsuit.

To maintain your coverage without interruption, please perform one of the following actions immediately:

- Pay online at: [Insert Website URL]
- Pay by phone by calling: [Insert Phone Number]
- Mail your check to the address listed on your premium invoice.

If you have already sent your payment, please disregard this notice. If you have questions regarding your policy or would like to discuss payment options, please contact your agent or our customer service department at [Insert Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Insert Name/Department]
[Insert Insurance Company Name]