Date: [Insert Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: FINAL NOTICE OF POLICY TERMINATION

Policy Type: Personal Umbrella Liability

Policy Number: [Insert Policy Number]

Premium Amount Due: [Insert Amount]

Final Due Date: [Insert Date]

Dear [Policyholder Name],

Our records indicate that we have not received the premium payment for your Umbrella Liability Policy listed above. This is your final notice before your coverage is terminated.

Please be advised that if payment is not received by 11:59 PM on **[Insert Date]**, your policy will lapse and all coverage will be canceled effective **[Insert Cancellation Date]**.

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

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

- Pay online at: [Insert Website URL]
- Pay by phone: [Insert Phone Number]
- Mail a check to: [Insert Mailing Address]

If you have already sent your payment, please disregard this notice. If you have questions regarding your premium or wish to discuss payment options, please contact our billing department immediately at [Insert Contact Number].

Sincerely,

[Name of Sender/Department]
[Insurance Company Name]
[Contact Information]