URGENT: ACTION REQUIRED TO PREVENT COVERAGE LAPSE

Date: [Insert Date]

Policyholder Name: [Insert Name]
Policy Number: [Insert Policy Number]
Property/Mailing Address: [Insert Address]

Dear [Insert Name],

Our records indicate that we have not yet received the premium payment due for your Umbrella Liability Insurance policy. Your current coverage is scheduled to lapse on **[Insert Expiration/Lapse Date]** at 12:01 AM.

An Umbrella policy provides critical catastrophic liability protection above your standard auto and homeowners limits. If this policy lapses, you will lose this additional layer of financial protection, leaving your personal assets vulnerable in the event of a major lawsuit or claim.

How to Reinstate Your Coverage:

- **Pay Online:** Visit [Insert Website URL] and log into your account.
- **Pay by Phone:** Call our billing department at [Insert Phone Number].
- **Pay by Mail:** Send a check to [Insert Payment Address] (must be postmarked by [Date]).

If payment has already been sent, please disregard this notice. If you have questions regarding your premium or wish to discuss your coverage options, please contact your agent at [Insert Agent Phone Number] immediately.

Sincerely,

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