

[Insurance Company Name]  
[Address Line 1]  
[Address Line 2]  
[City, State, Zip Code]  
[Phone Number]

[Date]

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

## **RE: NOTICE OF POLICY LAPSE AND REINSTATEMENT REQUIREMENTS**

Policy Number: [Policy Number]  
Policy Type: Commercial General Liability  
Expiration/Lapse Date: [Date]

Dear [Policyholder Name],

This letter is to formally notify you that your Commercial General Liability insurance policy lapsed effective [Date] due to [Reason, e.g., non-payment of premium]. As of this date, your business is no longer covered for any claims or incidents occurring after the lapse date.

Operating a business without active liability coverage poses a significant financial risk. To avoid a permanent cancellation of your coverage, you may be eligible to reinstate your policy.

### **To reinstate your coverage, please complete the following steps by [Deadline Date]:**

- Submit the past-due premium amount of \$[Amount].
- Sign and return the enclosed "Statement of No Loss" confirming no claims have occurred during the lapse period.
- [Additional Requirement, if any]

Upon receipt and approval of the items listed above, we will issue a reinstatement notice. Please note that a gap in coverage may still exist for the period between the lapse date and the reinstatement date.

If payment is not received by [Final Cancellation Date], your policy will be permanently cancelled, and you will need to re-apply for a new policy, which may result in higher premiums or a denial of coverage.

Please contact your agent at [Agent Phone Number] or our billing department at [Billing Phone Number] immediately to resolve this matter.

Sincerely,

[Sender Name]

[Title]

[Insurance Company Name]