

[Date]

[Policyholder Name]

[Business Name]

[Mailing Address]

[City, State, Zip Code]

RE: FIRST NOTICE OF IMPENDING POLICY LAPSE

Policy Number: [Policy Number]

Policy Type: Business Owner's Policy (BOP)

Property Address: [Insured Property Address]

Dear [Policyholder Name],

This letter is a formal notification that we have not yet received the premium payment for your Business Owner's Policy. According to our records, your account is currently past due.

Your coverage is scheduled to lapse on **[Lapse Date]** at 12:01 AM if the minimum payment is not received. A lapse in coverage means your business will no longer be protected against property damage, liability claims, or business interruptions.

Payment Information:

Minimum Amount Due: \$[Amount]

Due Date: [Due Date]

To ensure your business remains protected and to avoid any gaps in coverage, please submit your payment immediately via one of the following methods:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: [Mailing Address for Payments]

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties or have questions regarding your bill, please contact our billing department at [Contact Phone Number] or your agent, [Agent Name], at [Agent Phone Number].

Sincerely,

[Your Name/Department]

[Insurance Company Name]