

FINAL NOTICE OF IMPENDING POLICY LAPSE

Date: [Insert Date]

To: [Business Owner Name]
[Business Name]
[Mailing Address]
[City, State, Zip Code]

Re: Business Owner's Policy (BOP) Cancellation Warning

Policy Number: [Insert Policy Number]
Property Address: [Insert Insured Property Address]
Expiration/Cancellation Date: [Insert Date of Lapse]

Dear [Business Owner Name],

Our records indicate that we have not yet received the payment required to renew or maintain your Business Owner's Policy. This letter serves as your **Final Notice** that your insurance coverage is scheduled to lapse on **[Insert Date of Lapse]** at 12:01 AM.

If payment is not received by the date listed above, your coverage will be terminated. A lapse in coverage may result in:

- Exposure to financial loss from fire, theft, or liability claims.
- Breach of lease or mortgage requirements.
- Higher premiums for future reinstatement or new policies.

Amount Due to Maintain Coverage: \$[Insert Amount]

To prevent the cancellation of your policy, please submit your payment immediately via one of the following methods:

- **Online:** [Insert Website Link]
- **Phone:** [Insert Phone Number]
- **Mail:** [Insert Payment Address]

If you have already sent your payment, please disregard this notice. If you have questions regarding your account or wish to discuss payment options, please contact our billing department at [Insert Phone Number] or your agent at [Insert Agent Name/Phone].

Sincerely,

[Your Name/Department]
[Insurance Company Name]
[Contact Information]