

Date: [Insert Date]

[Business Owner Name]

[Business Name]

[Mailing Address]

[City, State, Zip Code]

Subject: IMPENDING LAPSE NOTICE - Policy #[Insert Policy Number]

Dear [Business Owner Name],

This letter is to inform you that we have not yet received the premium payment for your Business Owner's Policy (BOP) referenced above. As a result, your insurance coverage is currently in its **grace period**.

Status Details:

- **Original Due Date:** [Insert Date]
- **Grace Period Expiration Date:** [Insert Date]
- **Amount Due to Maintain Coverage:** \$[Insert Amount]

To ensure your business remains protected and to avoid a lapse in coverage, please submit your payment by 5:00 PM on the expiration date listed above. If payment is not received by this time, your policy will be cancelled effective [Insert Cancellation Date], and your business will no longer be insured against liabilities, property damage, or loss.

How to Pay:

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

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties or have questions regarding your policy, please contact our billing department immediately at [Insert Phone Number].

Sincerely,

[Sender Name]

[Company Name]

[Contact Information]