

[Date]

[Policyholder Name]

[Business Name]

[Mailing Address]

[City, State, Zip Code]

**RE: NOTICE OF IMPENDING POLICY LAPSE**

Policy Type: Business Owner Policy (BOP)

Policy Number: [Policy Number]

Past Due Amount: \$[Amount]

Payment Due Date: [Date]

Dear [Policyholder Name],

Our records indicate that we have not received the premium payment for your Business Owner Policy. Your coverage is currently scheduled to lapse on **[Cancellation Date]** at 12:01 AM if the past due balance is not paid.

To avoid a gap in coverage and ensure your business remains protected against liabilities and property loss, please submit your payment immediately. If the payment is not received by the date above, your policy will be cancelled, and coverage will no longer be in effect.

You can make a payment through the following methods:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: [Payment Address]

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 [Phone Number] as soon as possible.

Sincerely,

[Name/Department]

[Insurance Company Name]

[Contact Information]