

[Date]

[Policyholder Name]

[Business Name]

[Mailing Address]

[City, State, Zip Code]

RE: URGENT NOTICE OF IMPENDING POLICY LAPSE

Policy Number: [Policy Number]

Policy Type: Business Owner's Policy (BOP)

Expiration/Lapse Date: [Date of Lapse]

Dear [Policyholder Name],

Our records indicate that we have not yet received the premium payment required to maintain your Business Owner's Policy. As a result, your insurance coverage is scheduled to lapse on **[Date of Lapse]** at 12:01 AM.

If your coverage lapses, your business will no longer be protected against risks including property damage, general liability, and business interruption. To prevent this cancellation and maintain continuous coverage, a payment of **[\$Amount Due]** must be received by our office no later than [Due Date].

How to Make a Payment:

- **Online:** Visit [Website URL]
- **Phone:** Call [Phone Number]
- **Mail:** Send a check to [Payment Address]

If you have already sent your payment, please disregard this notice. If you have questions or believe there is an error regarding your account, please contact your agent at [Agent Phone Number] immediately.

Sincerely,

[Sender Name/Department]

[Insurance Company Name]

[Contact Information]