

[Date]

[Policyholder Name]

[Business Name]

[Mailing Address]

[City, State, Zip Code]

**Subject: IMPENDING POLICY LAPSE - Action Required**

**Policy Number:** [Policy Number]

**Effective Date:** [Policy Effective Date]

**Lapse Date:** [Expiration Date]

Dear [Policyholder Name],

We are writing to inform you that your Business Owner Policy (BOP) is at risk of lapsing on [Lapse Date]. To maintain your coverage and keep your policy active, we require the following missing documentation immediately:

- [Missing Document 1]
- [Missing Document 2]
- [Missing Document 3]

Failure to provide these documents by [Deadline Date] will result in a lapse of coverage. A lapse in insurance can lead to a gap in protection for your business assets and may result in higher premiums in the future.

Please submit the requested documents via one of the following methods:

- **Email:** [Email Address]
- **Fax:** [Fax Number]
- **Online Portal:** [URL/Link]

If you have already sent these documents, please disregard this notice. If you have any questions, please contact your agent or our customer service department at [Phone Number].

Sincerely,

[Sender Name]

[Company Name]

[Phone Number]