

[Company Name]
[Street Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Business Name]
[Street Address]
[City, State, Zip Code]

RE: NOTICE OF IMPENDING COVERAGE LAPSE / TERMINATION

Policy Type: Business Owner's Policy (BOP)
Policy Number: [Policy Number]
Total Amount Due: \$[Amount]

Dear [Policyholder Name],

This letter is to inform you that your Business Owner's Policy is at risk of cancellation due to non-payment of premium. To date, we have not received the required payment for the period of [Date Range].

Termination Date: If payment is not received or postmarked by [Cancellation Date] at 12:01 AM, your insurance coverage will lapse and the policy will be officially terminated.

A lapse in coverage means that your business will no longer be protected against property damage, liability claims, or business interruptions. Furthermore, a lapse may result in higher premiums in the future or difficulty obtaining coverage from other carriers.

To keep your policy active and avoid termination, please submit your payment immediately through one of the following methods:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: [Mailing Address for Payments]

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,

[Agent/Representative Name]

[Title]

[Company Name]