

[Company Name]  
[Address Line 1]  
[Address Line 2]  
[Phone Number]

[Date]

[Policyholder Name]  
[Policyholder Address Line 1]  
[Policyholder Address Line 2]

## **RE: NOTICE OF IMPENDING POLICY LAPSE AND REINSTATEMENT OPTION**

Policy Number: [Policy Number]  
Policy Type: Business Owner Policy (BOP)  
Expiration/Lapse Date: [Date]

Dear [Policyholder Name],

This letter serves as a formal notification that your Business Owner Policy is scheduled to lapse on [Date] due to non-payment of the premium in the amount of \$[Amount].

If payment is not received by the date listed above, your insurance coverage will terminate, leaving your business assets and liability unprotected. To prevent this lapse, we are offering an immediate option to reinstate your policy.

### **How to Reinstate Your Coverage:**

To keep your policy active without a gap in coverage, please complete the following:

- Submit the full payment of \$[Amount] no later than [Deadline Date].
- Payments can be made via [Payment Method: Online Portal/Phone/Mail].
- [Optional: Complete and sign the enclosed Statement of No Loss form].

Please note that if payment is received after the lapse date, reinstatement is subject to company approval and may result in a gap in coverage.

If you have already sent your payment, please disregard this notice. If you have questions regarding your premium or wish to discuss payment arrangements, please contact our billing department at [Phone Number] immediately.

Sincerely,

[Agent/Representative Name]  
[Title]  
[Company Name]