

URGENT: FINAL NOTICE PRIOR TO POLICY LAPSE

Date: [Insert Date]

To: [Business Owner Name]
[Business Name]
[Mailing Address]
[City, State, Zip Code]

Subject: LAST CHANCE to Renew Business Owner's Policy #[Policy Number]

Dear [Business Owner Name],

Our records indicate that we have not yet received payment for your Business Owner's Policy (BOP). Your current coverage is scheduled to expire on **[Expiration Date]** at 12:01 AM.

This is your final notice. If payment is not received by the date listed above, your insurance coverage will lapse. A lapse in coverage may leave your business assets, property, and liability exposed to significant financial risk.

To maintain your coverage and avoid a lapse, please take action immediately:

- **Pay Online:** Visit [Website URL] and log into your account.
- **Pay by Phone:** Call our billing department at [Phone Number].
- **Pay by Mail:** Ensure your check reaches us before [Expiration Date].

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties or wish to discuss changes to your policy, please contact your agent at [Agent Phone Number] immediately.

Do not risk your business. Please settle your balance today to ensure uninterrupted protection.

Sincerely,

[Your Name/Department]
[Insurance Company Name]
[Contact Email]
[Phone Number]