

URGENT: NOTICE OF PENDING POLICY LAPSE

Date: [Insert Date]

To: [Name of Director/Officer/Company Name]

Address: [Insert Address]

City, State, Zip: [Insert City, State, Zip]

RE: Directors and Officers (D&O) Liability Insurance

Policy Number: [Insert Policy Number]

Expiration/Lapse Date: [Insert Date]

Dear [Name of Contact],

This letter serves as a formal warning that the Directors and Officers (D&O) Liability Insurance policy referenced above is scheduled to lapse on **[Insert Date]** due to [non-payment of premium / failure to submit renewal application].

A lapse in D&O coverage creates significant financial exposure for the organization and its individual directors and officers. If the policy expires, there will be no coverage for claims made against the leadership for decisions or actions taken during their tenure.

To maintain continuous coverage and avoid a gap in protection, please complete the following actions by [Insert Deadline Date]:

- [Action 1: e.g., Submit outstanding premium payment of \$0.00]
- [Action 2: e.g., Return the signed renewal application]
- [Action 3: e.g., Provide updated financial statements]

If the required items are not received by the deadline, the policy will be terminated, and reinstatement may require a new application subject to full underwriting and potential premium increases.

Please contact our office immediately at [Insert Phone Number] or [Insert Email Address] to confirm your intent to renew or to verify that payment has been sent.

Sincerely,

[Your Name]

[Your Title]

[Company/Agency Name]