

URGENT: FINAL NOTICE OF COVERAGE EXPIRATION

Date: [Insert Date]

To: [Insert Director/Officer Name or Company Name]

Address: [Insert Address]

City, State, Zip: [Insert Details]

Policy Number: [Insert Policy Number]

Policy Type: Directors and Officers (D&O) Liability Insurance

Expiration Date: [Insert Date]

Dear [Insert Name],

This is a formal and final warning regarding the upcoming expiration of your Directors and Officers (D&O) Liability Insurance coverage. Our records indicate that we have not yet received the required renewal application or premium payment necessary to maintain your policy.

Your current coverage is scheduled to lapse on **[Insert Date]** at **[Insert Time]**. After this time, all coverage will cease, and no protection will be provided for claims made against the directors or officers of the company for alleged wrongful acts.

Please be aware of the following consequences of a coverage lapse:

- Personal liability for legal defense costs and settlements.
- Loss of "Prior Acts" coverage (the ability to report claims for events that occurred in the past).
- Potential requirement for a new application subject to full underwriting and higher premiums.
- Gaps in coverage that may negatively impact the company's risk profile.

To avoid a lapse in coverage, you must take immediate action by [Insert Deadline]. Please contact your broker at [Insert Phone Number] or email [Insert Email Address] to finalize your renewal.

If you have already sent payment or submitted renewal documents within the last 24 hours, please disregard this notice.

Sincerely,

[Your Name/Department Name]

[Company Name]