

URGENT: FINAL NOTICE OF PENDING POLICY LAPSE

Date: [Insert Date]

To: [Name of Director/Officer or Policyholder]
[Company Name]
[Address]
[City, State, Zip Code]

Subject: NOTICE OF GRACE PERIOD EXPIRATION - Policy #[Insert Policy Number]

Dear [Insert Name],

This letter serves as a formal warning regarding the Directors and Officers (D&O) Liability Insurance policy referenced above. Our records indicate that we have not yet received the premium payment due on [Insert Original Due Date].

Your policy is currently within the contractual grace period. This grace period is scheduled to expire on **[Insert Expiration Date]** at **[Insert Time]**.

Consequences of Non-Payment:

If full payment is not received by the expiration date noted above, your coverage will lapse effective [Insert Lapse Effective Date]. A lapse in D&O coverage may result in:

- Personal financial exposure for directors and officers regarding legal defense costs and settlements.
- Loss of protection against claims alleging wrongful acts, errors, or omissions.
- Potential gaps in "Prior Acts" coverage that may be difficult or expensive to reinstate.

Action Required:

To maintain continuous coverage and avoid policy termination, please remit the outstanding balance of **[\$[Insert Amount Due]** immediately via one of the following methods:

- Online Portal: [Insert URL]
- Phone: [Insert Phone Number]
- Wire Transfer: [Insert Wiring Instructions]

If payment has already been sent, please disregard this notice or contact our billing department at [Insert Contact Number] to confirm receipt.

Sincerely,

[Your Name/Department]
[Insurance Company/Agency Name]
[Contact Information]