[Date]

[Director/Officer Name]
[Company Name]
[Address Line 1]
[City, State, Zip Code]

RE: NOTICE OF GRACE PERIOD - Directors and Officers (D&O) Liability Insurance Renewal

Dear [Recipient Name],

Our records indicate that we have not yet received the renewal premium payment for your Directors and Officers (D&O) Liability Insurance Policy, number [Policy Number], which was due on [Due Date].

Please be advised that your policy is currently within a formal grace period. This period will expire on **[Grace Period End Date]**. To maintain continuous coverage and protect your personal assets and the company's leadership from potential claims, payment must be received before this date.

Payment Details:

- **Premium Amount Due:** $[Amount]
- **Payment Deadline:** [Date]
- **Payment Methods:** [Insert Payment Link or Instructions]

Failure to remit payment by the end of the grace period will result in the automatic lapse of your coverage effective [Lapse Date]. Please note that a gap in D&O coverage can lead to significant personal financial exposure and may complicate future insurability.

If you have already sent your payment, please disregard this notice. If you have any questions or require assistance regarding this renewal, please contact us immediately at [Phone Number] or [Email Address].

Sincerely,

[Your Name/Name of Representative]
[Title]
[Insurance Agency/Company Name]