URGENT: NOTICE OF PENDING POLICY LAPSE

Date: [Insert Date]

Policyholder Name: [Insert Name]
Address: [Insert Address]
City, State, Zip: [Insert City, State, Zip]

Policy Number: [Insert Policy Number]
Policy Type: Inland Marine
Expiration/Lapse Date: [Insert Date]

Dear [Insert Policyholder Name],

This letter is to inform you that your Inland Marine insurance policy is scheduled to lapse on **[Insert Lapse Date]** due to **[Insert Reason, e.g., non-payment of premium / expiration of term]**.

If your coverage lapses, your scheduled equipment, tools, or cargo will no longer be protected against loss, theft, or damage. To prevent a gap in your insurance coverage, we must receive your payment or renewal authorization by the date listed above.

Payment Required: $[Insert Amount]
Due Date: [Insert Due Date]

You can make a payment or discuss your renewal options by:

- Calling our office at: [Insert Phone Number]
- Visiting our website at: [Insert Website URL]
- Mailing a check to: [Insert Payment Address]

If payment has already been sent, please disregard this notice. If you have any questions regarding your coverage, please contact your agent immediately.

Sincerely,

[Insert Name/Department]
[Insert Company Name]