[Date]

[Insured Name]
[Policyholder Address]
[City, State, Zip Code]

RE: NOTICE OF LAPSED PAYMENT AND PENDING CANCELLATION

Policy Number: [Policy Number]
Policy Type: Professional Liability Insurance

Dear [Insured Name],

Our records indicate that we have not received the premium payment for the above-referenced Professional Liability Insurance policy. The payment of $[Amount Due] was due on [Due Date].

As a result of this non-payment, your insurance coverage is currently in a grace period. If payment is not received by [Termination Date], your policy will be officially cancelled effective [Cancellation Effective Date] at 12:01 AM.

Impact of Coverage Lapse:

- You will no longer be protected against professional liability claims or malpractice lawsuits.
- A lapse in coverage may lead to higher future premiums or difficulty obtaining coverage from other providers.
- Many professional contracts and regulatory boards require continuous proof of insurance.

To keep your policy active and avoid a gap in coverage, please submit your payment immediately via one of the following methods:

- **Online:** [Website URL]
- **Phone:** [Phone Number]
- **Mail:** [Payment Mailing Address]

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties or believe this notice was sent in error, please contact our billing department immediately at [Contact Phone Number].

Sincerely,

[Name of Sender/Department]
[Insurance Company Name]
[Contact Information]