URGENT: NOTICE OF EXPIRATION AND COVERAGE LAPSE

Date: [Insert Date]

To: [Policyholder Name]
Address: [Policyholder Address]
Policy Number: [Insert Policy Number]

Dear [Policyholder Name],

Our records indicate that your Professional Liability Insurance policy expired on **[Insert Expiration Date]**. As of this date, we have not received the required premium payment or renewal documentation. Consequently, your coverage has lapsed.

This means you currently have no professional liability protection. Any claims made against you for professional services rendered during this lapse period may not be covered, exposing you or your business to significant financial risk.

To reinstate your coverage and minimize the gap in your insurance history, please take the following actions immediately:

- Submit your payment of $[Insert Amount Due] via [Insert Payment Method/Link].
- Complete and return the enclosed renewal application [if applicable].
- Contact our renewal department at [Insert Phone Number] to confirm receipt.

Please note that if the policy is not reinstated by [Insert Final Deadline Date], you may be required to re-apply as a new applicant, which could result in higher premiums or a loss of "Prior Acts" coverage.

If you have already sent your payment, please disregard this notice or contact us to ensure it has been processed.

Sincerely,

[Sender Name]
[Title]
[Company Name]
[Phone Number]
[Email Address]