[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: URGENT NOTICE - Professional Liability Policy #[Policy Number]

Dear [Policyholder Name],

Our records indicate that we have not yet received the premium payment for your Professional Liability insurance policy, which was due on [Due Date].

As a result, your coverage is currently in a **lapsed status** effective [Lapse Date]. This means you may not have active professional liability protection for any claims arising during this period.

To reinstate your coverage and avoid a permanent cancellation of your policy, please submit a payment of $[Amount Due] immediately. You can make a payment through the following methods:

- **Online:** [Website URL]
- **Phone:** [Phone Number]
- **Mail:** Send a check to [Mailing Address]

If payment is not received by [Final Deadline Date], your policy will be formally cancelled, and a gap in your insurance history may occur, which could lead to higher future premiums or difficulty obtaining coverage.

If you have already sent your payment, please disregard this notice. If you have any questions or are experiencing difficulties making a payment, please contact our billing department at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]
[Title]
[Company Name]