[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]

RE: NOTICE OF LAPSED PAYMENT - Policy Number: [Policy Number]

Dear [Policyholder Name],

This letter is to inform you that we have not 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 [Date of Lapse]. This means you do not have active professional liability protection for any claims arising from incidents occurring after this date.

To reinstate your coverage and avoid a permanent cancellation of your policy, please submit a payment of $[Amount Due] by [Final Deadline Date].

You may make your payment through the following methods:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: [Mailing Address for Payments]

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

If you have already sent your payment, please disregard this notice. If you have any questions, please contact our billing department at [Contact Number].

Sincerely,

[Sender Name]
[Company Name]
[Phone Number]