[Date]

[Policyholder Name]
[Business Name]
[Street Address]
[City, State, Zip Code]

RE: URGENT - NOTICE OF OVERDUE PREMIUM AND POTENTIAL LAPSE IN COVERAGE

Policy Number: [Policy Number]
Amount Overdue: $[Amount]
Due Date: [Original Due Date]

Dear [Policyholder Name],

Our records indicate that we have not received the premium payment for your professional liability insurance policy. As of [Current Date], your account is past due.

Please be advised that if payment is not received by **[Final Deadline Date]**, your coverage will lapse effective **[Cancellation Date]**. A lapse in professional liability insurance can leave you and your business exposed to significant financial risk and legal claims without protection.

To ensure your coverage remains active, please remit payment immediately via one of the following methods:

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

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties or have questions regarding your invoice, please contact our billing department at [Phone Number] as soon as possible.

Sincerely,

[Sender Name]
[Title]
[Insurance Company/Agency Name]