URGENT: GRACE PERIOD EXPIRATION NOTICE

Date: [Insert Date]

Policyholder Name: [Insert Name]
Policy Number: [Insert Policy Number]
Account Number: [Insert Account Number]

Dear [Insert Policyholder Name],

This letter serves as a formal notification that the grace period for your Professional Liability Insurance premium payment expired on [Insert Date].

To date, we have not received the required payment of $[Insert Amount]. As a result, your coverage is currently at risk of cancellation effective [Insert Cancellation Date].

Action Required:

To maintain your professional liability protection and avoid a lapse in coverage, please submit your payment immediately via one of the following methods:

- Online Portal: [Insert Website Link]
- Phone: [Insert Phone Number]
- Mail: [Insert Mailing Address]

A lapse in Professional Liability coverage can lead to significant financial exposure and may affect your ability to meet contractual or licensing requirements. If payment is not received by [Insert Final Deadline], your policy will be terminated, and a notice of cancellation will be issued.

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

Sincerely,

[Insert Name/Department]
[Insert Company Name]
[Insert Contact Information]