URGENT: NOTICE OF EXPIRATION AND ACTION REQUIRED

Date: [Insert Date]

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

Subject: Immediate Action Required - Lapsed Professional Liability Insurance Premium

Dear [Policyholder Name],

Our records indicate that we have not received the premium payment for your Professional Liability Insurance policy, which was due on [Insert Due Date]. As a result, your coverage is currently **LAPSED** effective [Insert Lapse Date].

A lapse in coverage means you are currently uninsured for any professional services rendered or claims made during this period. To prevent a permanent cancellation of your policy and to maintain your continuous coverage history, immediate action is required.

Payment Details:

- Outstanding Balance: $[Insert Amount]
- Payment Due By: [Insert Final Deadline Date]

How to Reinstate Your Policy:

1. **Online:** Visit [Insert Website URL] and log in to your account.
2. **Phone:** Call our billing department at [Insert Phone Number].
3. **Mail:** Send a check to [Insert Mailing Address].

If payment is not received by [Insert Final Deadline Date], your policy will be formally cancelled, and you may be required to complete a new application subject to full underwriting approval, which could result in higher premiums or a loss of "prior acts" coverage.

If you have already sent your payment, please disregard this notice.

Sincerely,

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