

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

RE: FINAL NOTICE - Professional Liability Insurance Renewal

Policy Number: [Policy Number]

Expiration Date: [Expiration Date]

Dear [Client Name],

Our records indicate that we have not yet received your completed renewal application for your Professional Liability Insurance policy, which is scheduled to expire on **[Expiration Date]**.

This is a final reminder. To ensure continuous coverage and avoid a lapse in your professional protection, we must receive your signed application and any required documentation no later than **[Deadline Date]**.

Failure to renew by the expiration date may result in:

- Loss of coverage for professional services rendered.
- Loss of "Prior Acts" coverage.
- Increased premiums for a new policy application.
- Potential reporting gaps to regulatory boards.

Please submit your application via [Submission Method: Email/Online Portal/Mail]. If you have already submitted your renewal, please disregard this notice.

If you have questions or require assistance completing the forms, please contact our office immediately at [Phone Number] or [Email Address].

Sincerely,

[Your Name/Agent Name]

[Agency/Company Name]