

[Current Date]

[Policyholder Name]

[Address Line 1]

[City, State, Zip Code]

**RE: URGENT - Past Due Renewal Application**

**Policy Number:** [Policy Number]

**Expiration Date:** [Policy Expiration Date]

Dear [Policyholder 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 [Policy Expiration Date].

To ensure continuous coverage and avoid a lapse in your professional protection, please submit the following items immediately:

- Completed and signed Renewal Application.
- [Item 2, e.g., Updated Claims History]
- [Item 3, e.g., Current Certificate of Insurance]

Failure to provide these documents before the expiration date may result in the termination of your coverage. A lapse in professional liability insurance can lead to a loss of prior acts coverage and potential exposure to personal financial risk.

If you have already submitted your application, please disregard this notice. Otherwise, please send the documents via email to [Email Address] or fax to [Fax Number].

If you have questions or need assistance completing the forms, please contact your agent at [Phone Number].

Sincerely,

[Your Name/Department]

[Insurance Agency/Company Name]