

URGENT: ACTION REQUIRED BY [EXPIRATION DATE]

Date: [Current Date]

To: [Client Name]

Policy Number: [Policy Number]

Subject: Urgent Notice - Professional Liability Policy Expiration

Dear [Client Name],

Our records indicate that your Professional Liability Insurance policy is scheduled to expire on **[Expiration Date]**. To ensure there is no gap in your professional coverage, we must receive your renewal instructions and any required documentation immediately.

Failure to renew by the deadline may result in:

- Loss of coverage for past and future professional acts.
- Potential legal and financial exposure.
- Requirement to complete a new application process at higher rates.

To renew your coverage, please complete the following steps:

1. Review the attached renewal quote and terms.
2. Sign and return the renewal application form.
3. Submit payment via [Payment Method/Link].

If you have already submitted your renewal documents, please disregard this notice. If you have questions or require assistance with the forms, please contact our office at [Phone Number] or [Email Address] immediately.

Sincerely,

[Your Name]

[Your Title]

[Company Name]