

## **FINAL NOTICE: IMMEDIATE ACTION REQUIRED**

Date: [Insert Date]

Policy Number: [Insert Policy Number]

Vessel Name: [Insert Vessel Name / Registration Number]

Expiration Date: [Insert Expiration Date]

Dear [Recipient Name],

This is a final notice regarding the renewal of your boat insurance policy. Our records indicate that your current coverage is scheduled to expire on **[Insert Expiration Date]**.

If payment is not received or renewal is not confirmed by this date, your coverage will lapse. Operating your vessel without insurance may leave you personally liable for damages, injuries, or environmental cleanup costs, and may violate your marina agreement or financing terms.

**To maintain your coverage, please take one of the following actions immediately:**

- Pay online at: [Insert Website Link]
- Call our renewal department at: [Insert Phone Number]
- Visit our office at: [Insert Office Address]

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

Sincerely,

[Your Name/Company Name]

[Contact Information]

[Website]