

FINAL NOTICE: ACTION REQUIRED

Date: [Insert Date]

To: [Policyholder Name]

Address: [Insert Address]

City, State, Zip: [Insert City, State, Zip]

Re: Final Renewal Notice for Employment Practices Liability Insurance (EPLI)

Policy Number: [Insert Policy Number]

Expiration Date: [Insert Expiration Date]

Dear [Insert Name],

This is the final notice regarding the renewal of your Employment Practices Liability (EPLI) policy. Our records indicate that we have not yet received your renewal application or the required premium payment for the upcoming term.

Your current coverage is scheduled to expire on **[Insert Expiration Date]**. If we do not receive your renewal instructions by this date, your coverage will lapse, leaving your business unprotected against claims related to wrongful termination, discrimination, sexual harassment, and other employment-related liabilities.

To maintain your coverage and avoid a gap in protection, please complete the following steps immediately:

- Review and sign the attached renewal application.
- Submit any required updated documentation.
- Remit the renewal premium of [Insert Amount].

Please contact your agent at [Insert Phone Number] or email [Insert Email Address] immediately to confirm your intent to renew.

If you have already submitted your renewal paperwork or payment, please disregard this notice.

Sincerely,

[Sender Name]

[Title]

[Insurance Company/Agency Name]