

Date: [Insert Date]

To: [Insured Name/Company Name]

[Address Line 1]

[Address Line 2]

URGENT: NOTICE OF EXPIRING COVERAGE AND POTENTIAL LAPSE

Re: Employment Practices Liability Insurance (EPLI)

Policy Number: [Insert Policy Number]

Expiration Date: [Insert Expiration Date]

Dear [Contact Name],

Our records indicate that we have not yet received your completed renewal application or premium payment for your Employment Practices Liability Insurance (EPLI) policy, which is scheduled to expire on **[Insert Date]**.

If your renewal is not processed by this date, your coverage will lapse. A lapse in EPLI coverage may result in the following risks:

- **Loss of Prior Acts Coverage:** You may lose protection for claims arising from incidents that occurred before the lapse but are reported after the policy expires.
- **Unprotected Claims:** Your business will be responsible for all legal defense costs and settlements regarding allegations of wrongful termination, discrimination, sexual harassment, or retaliation.
- **Increased Premiums:** Reinstating a policy after a lapse often results in higher premiums or stricter underwriting requirements.

To ensure continuous protection for your business, please submit the required renewal documentation and payment immediately. You may contact us at [Phone Number] or [Email Address] to complete this process or to discuss any changes to your business operations.

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

Sincerely,

[Your Name/Agent Name]

[Company Name]

[Phone Number]