

[Date]

[Insured Name]

[Company Name]

[Address]

[City, State, Zip Code]

Subject: IMPORTANT - Policy Expiration and Renewal Reminder

Dear [Contact Name],

This letter is to notify you that your **Employment Practices Liability (EPLI)** insurance policy, number [Policy Number], is scheduled to expire on [Expiration Date].

To ensure your business remains protected against claims related to wrongful termination, discrimination, sexual harassment, and other employment-related allegations, it is essential that we begin the renewal process immediately.

To facilitate a smooth renewal, please provide the following:

- A completed and signed Renewal Application.
- Your current total employee count (Full-time, Part-time, and Independent Contractors).
- Updated copies of your Employee Handbook or HR procedures (if changed).
- Details regarding any employment-related incidents or claims filed in the past year.

Please submit these documents by [Due Date] to avoid any lapse in coverage. A gap in your EPLI policy could result in a loss of coverage for prior acts and leave your company vulnerable to significant legal costs.

If you have any questions or wish to discuss changes to your limits or deductibles, please contact me at [Phone Number] or [Email Address].

Sincerely,

[Your Name]

[Your Title]

[Agency Name]