

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: FIRST NOTICE - NOTICE OF DELINQUENT PREMIUM

Policy Number: [Policy Number]

Policy Type: [Policy Type]

Amount Past Due: [Amount Due]

Dear [Policyholder Name],

According to our records, we have not yet received the premium payment for the insurance policy listed above. Your payment was due on [Due Date].

To ensure that your insurance coverage remains active and to avoid any potential lapse in protection, please submit your payment of [Amount Due] immediately.

You may pay your bill through the following methods:

- Online: [Website URL]
- By Phone: [Phone Number]
- By Mail: Please send a check to the address listed on your original statement.

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties or have questions regarding your account, please contact our billing department at [Contact Phone Number].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name/Department]

[Insurance Company Name]