

[Your Company Name]
[Your Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

RE: URGENT NOTICE - OVERDUE INSURANCE PREMIUM

Policy Number: [Insert Policy Number]
Amount Overdue: [Insert Amount]
Due Date: [Insert Original Due Date]

Dear [Policyholder Name],

This letter is to inform you that your insurance premium payment for the policy mentioned above is currently overdue. Our records indicate that we have not yet received the payment of [Insert Amount], which was due on [Insert Original Due Date].

Action Required:

To ensure that your insurance coverage remains active and to avoid any lapse in protection, please submit your payment immediately. You can pay via the following methods:

- Online: [Insert Website Link]
- Phone: [Insert Phone Number]
- Mail: Please send a check to the address listed above.

Notice of Possible Cancellation:

Please be advised that if payment is not received by [Insert Final Deadline Date], your policy may be subject to cancellation. A lapse in coverage could leave you financially responsible for any claims or losses incurred during that period.

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

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department]
[Your Company Name]