

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

[Date]

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

RE: FIRST NOTICE - OVERDUE PREMIUM PAYMENT

Policy Number: [Policy Number]
Policy Type: [Insurance Type]
Past Due Amount: \$[Amount]
Due Date: [Original Due Date]

Dear [Policyholder Name],

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

To ensure that your insurance coverage remains active and to avoid any potential lapse in protection, please submit your payment of \$[Amount] as soon as possible.

You can make a payment through one of the following methods:

- **Online:** Visit [Website URL] and log into your account.
- **Phone:** Call our automated payment line at [Phone Number].
- **Mail:** Send a check or money order payable to [Company Name] using the enclosed envelope.

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 Customer Service department at [Phone Number] so we can discuss available options.

Thank you for choosing [Your Company Name].

Sincerely,

[Your Name/Department Name]
[Your Title]
[Your Company Name]