

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

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

Subject: Reminder - Premium Payment Overdue

Dear [Policyholder Name],

This is a friendly reminder that we have not yet received the premium payment for your policy, which was due on [Due Date].

Policy Details:

Policy Number: [Policy Number]
Amount Due: [Amount]
Due Date: [Due Date]

To ensure that your coverage remains active and uninterrupted, please submit your payment as soon as possible. You can pay via our online portal, by mail, or by calling our customer service department.

If you have already sent your payment, please disregard this notice. If you are experiencing difficulties making this payment, please contact us immediately to discuss available options.

Thank you for choosing [Your Company Name].

Sincerely,

[Your Name/Department]
[Your Company Name]