

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

[Date]

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

Subject: Reminder - Outstanding Premium for Policy [Policy Number]

Dear [Policyholder Name],

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

Account Details:

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

To ensure your coverage remains active and to avoid any interruption in your benefits, please submit your payment as soon as possible. You can make a payment through any of the following methods:

- Online: [Link to Payment Portal]
- Phone: [Phone Number]
- Mail: Send a check to the address listed above.

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 [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department]
[Your Company Name]