

Date: [Current Date]

To:

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

From:

[Insurance Company/Agency Name]
[Billing Department Address]
[Phone Number]

RE: NOTICE OF UNPAID PREMIUM / DEBT COLLECTION

Account/Policy Number: [Policy Number]

Total Amount Due: \$[Amount]

Dear [Debtor Name],

This letter serves as formal notice that your account is currently past due. Our records indicate an outstanding balance of \$[Amount] related to your [Type of Insurance, e.g., Auto/Home/Life] insurance policy.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume the debt is valid. If you notify this office in writing within 30 days from receiving this notice that the debt, or any portion thereof, is disputed, this office will obtain verification of the debt and mail a copy of such verification to you.

Please remit payment in full by [Due Date] to avoid further collection action or potential cancellation of coverage. You may pay via the following methods:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: [Payment Address]

If you have already made this payment, please disregard this notice.

Sincerely,

[Sender Name/Department]
[Insurance Company Name]

This is an attempt to collect a debt, and any information obtained will be used for that purpose.