

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: FIRST NOTICE - Outstanding Premium Balance for Policy #[Policy Number]

Dear [Policyholder Name],

This letter is to inform you that we have not yet received the premium payment for your insurance policy referenced above. Our records indicate an outstanding balance that is now past due.

Account Summary:

- **Policy Number:** [Policy Number]
- **Due Date:** [Original Due Date]
- **Outstanding Amount:** [Total Amount Due]

To ensure that your insurance coverage remains active and uninterrupted, please submit your payment as soon as possible. You can make a payment through the following methods:

- Online via our portal: [Website URL]
- By phone: [Phone Number]
- By mail: Please send a check to the address listed on your original invoice.

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 [Contact Number] between [Hours of Operation].

Thank you for your prompt attention to this matter.

Sincerely,

[Sender Name/Department]

[Company Name]