

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

[Date]

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

**RE: Notice of Past Due Premium**

Policy Number: [Policy Number]  
Policy Type: [Type of Insurance]  
Amount Due: \$[Amount]

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].

To ensure that your coverage remains active and uninterrupted, 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]
- **Phone:** Call us at [Phone Number]
- **Mail:** Send a check using the enclosed envelope

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

Thank you for choosing [Your Company Name].

Sincerely,

[Sender Name]  
[Title]  
[Your Company Name]