

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**Subject: Notice of Overdue Insurance Premium - Policy #[Policy Number]**

Dear [Policyholder Name],

This letter is to inform you that we have not yet received the premium payment for your [Insurance Type, e.g., Auto/Home] insurance policy, which was due on [Due Date].

**Account Summary:**

- Policy Number: [Policy Number]
- Outstanding Balance: \$[Amount]
- Original Due Date: [Date]

Please submit your payment immediately to ensure that your insurance coverage remains active. Failure to pay the outstanding balance by [Cancellation Date] may result in the cancellation of your policy and a lapse in coverage.

You can make a payment via the following methods:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: Send a check to the address listed below

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] as soon as possible.

Sincerely,

[Sender Name/Department]

[Insurance Company Name]

[Contact Information]