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

[Date]

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

Subject: FIRST NOTICE - Past Due 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 referenced above. Our records indicate that your payment was due on [Due Date].

Account Summary:

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

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

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: Send a check to the address listed at the top of this letter.

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 customer service department at [Phone Number].

Thank you for choosing [Your Company Name].

Sincerely,

[Your Name/Department]
[Your Company Name]