[Current Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: SECOND NOTICE - Past Due Premium for Policy #[Policy Number]

Dear [Policyholder Name],

Our records indicate that we have not yet received payment for your insurance premium, which was due on [Due Date]. This is your second notice regarding this outstanding balance.

Payment Details:

- Policy Number: [Policy Number]
- Amount Due: $[Amount]
- Original Due Date: [Due Date]
- Grace Period Expiration: [Expiration Date]

It is important that you submit your payment immediately to avoid a lapse in coverage. If payment is not received by [Expiration Date], your policy will be subject to cancellation, and you will no longer be protected against potential risks or losses.

How to pay:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: Send a check to [Payment Mailing Address]

If you have already sent your payment, please disregard this letter. 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,

[Your Name/Company Name]
[Department Name]
[Contact Information]