[Date]

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

Subject: URGENT: Notice of Grace Period Expiration - 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. Your payment was originally due on [Original Due Date].

Your policy is currently in its grace period. This period is scheduled to expire on **[Expiration Date]**. If payment is not received by this date, your coverage will lapse effective [Cancellation Date/Time], and you will no longer be protected by this policy.

Payment Details:
Amount Due: [Amount]
Final Deadline: [Expiration Date]

To ensure your coverage remains active and to avoid any interruption in protection, please submit your payment immediately through one of the following methods:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: [Mailing Address for Payments]

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 [Customer Service Phone Number] as soon as possible.

Sincerely,

[Sender Name/Department]
[Company Name]