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

[Date]

[Client Contact Name]
[Client Company Name]
[Client Address]
[City, State, Zip Code]

RE: NOTICE OF OVERDUE PREMIUM

Policy Type: [Policy Type, e.g., General Liability]
Policy Number: [Policy Number]
Account Number: [Account Number]

Dear [Client Contact Name],

This letter is to inform you that we have not yet received the premium payment for the commercial insurance policy referenced above. Our records indicate that your payment was due on [Due Date] and is now past due.

Current Amount Overdue: $[Amount]

To ensure that your insurance coverage remains active and to avoid a formal notice of cancellation, please submit your payment immediately. You can make a payment via the following methods:

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

If payment has already been sent, please disregard this notice. If you are experiencing difficulties making this payment or believe there is an error, please contact our billing department at [Phone Number] as soon as possible.

Maintaining continuous coverage is vital to protecting your business. We look forward to receiving your payment promptly.

Sincerely,

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