[Date]

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

RE: URGENT NOTICE - Pending Cancellation of Policy [Policy Number]

Dear [Policyholder Name],

This is a formal notification that we have not yet received the premium payment for your insurance policy listed above. Your payment was due on [Due Date].

As of today, your account is past due in the amount of **$[Amount Due]**.

Please be advised that if payment is not received by **[Cancellation Date]**, your coverage will lapse and your policy will be cancelled effective [Effective Time/Date]. A lapse in coverage may result in a loss of protection and may make it more difficult or expensive to obtain insurance in the future.

How to keep your coverage:

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

If you have already sent your payment, please disregard this notice. If you are experiencing financial hardship or have questions regarding your bill, please contact our Customer Service department immediately at [Phone Number].

Sincerely,

[Sender Name/Department]
[Company Name]