[Company Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]
[Phone Number]

Date: [Current Date]

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

RE: NOTICE OF DEFAULT ON PREMIUM PAYMENT

Policy Number: [Policy Number]
Past Due Amount: $[Amount]
Due Date: [Original Due Date]

Dear [Policyholder Name],

This letter serves as formal notice that we have not received the premium payment for the insurance policy referenced above. As of [Current Date], your account is in default.

To keep your coverage active, please submit the total past due amount of **$[Amount]** by **[Final Deadline Date]**. Payments can be made via [Payment Method/Online Portal/Phone].

Important Notice of Cancellation:
If payment is not received by the deadline stated above, your policy will be canceled effective [Cancellation Date/Time]. Any claims filed after this date will not be covered. If your policy is canceled, you may be required to reapply for coverage, which could result in higher premiums or a gap in protection.

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties, please contact our billing department at [Phone Number] to discuss available payment options.

Sincerely,

[Sender Name/Signature]
[Title]
[Company Name]