[Date]

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

Subject: URGENT - Notice of Outstanding Premium Balance

Dear [Policyholder Name],

This letter is to inform you that we have not yet received the premium payment for your policy number: **[Policy Number]**.

Our records indicate that an outstanding balance of **$[Amount Due]** was due on **[Due Date]**. As of today, this amount remains unpaid.

To ensure your insurance coverage remains active and to avoid any interruption in your protection, please submit your payment immediately. You can make a payment through the following methods:

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

Please be advised that failure to receive the full payment by **[Cancellation Date]** will result in the cancellation of your policy. If your policy is cancelled, you will no longer be covered for any claims occurring after that date.

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties or have questions regarding this balance, please contact our billing department at [Contact Phone Number] as soon as possible.

Sincerely,

[Sender Name/Department]
[Company Name]