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

[Date]

[Policyholder Name]
[Mailing Address]
[City, State, Zip Code]

RE: PAST DUE PREMIUM NOTICE

Policy Number: [Policy Number]
Property Address: [Insured Property Address]
Total Amount Overdue: $[Amount]
Payment Due Date: [Due Date]

Dear [Policyholder Name],

Our records indicate that we have not yet received the premium payment for your homeowners insurance policy listed above. Your account is currently past due.

Your homeowners insurance coverage is at risk of cancellation if payment is not received. To maintain your protection and avoid a lapse in coverage, please submit your payment of $[Amount] by [Final Deadline Date].

How to Pay:

- **Online:** Visit [Website URL] to pay via credit card or bank transfer.
- **Phone:** Call us at [Phone Number] to pay over the phone.
- **Mail:** Send a check using the enclosed envelope to the address listed above.

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.

Sincerely,

[Sender Name/Department]
[Insurance Company Name]