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

[Date]

[Insured Name]
[Insured Address]
[City, State, Zip Code]

RE: PRE-CANCELLATION WARNING

Policy Number: [Policy Number]
Policy Type: Commercial General Liability
Amount Past Due: $[Amount]

Dear [Insured Name],

Our records indicate that we have not yet received the premium payment for your Commercial Liability insurance policy. As of today, your account is past due.

This letter serves as a formal warning that your coverage is at risk of cancellation. To ensure that your business remains protected and to avoid a lapse in coverage, please submit the total amount due immediately.

Payment Deadline: [Date]

Failure to receive payment by the date above will result in the issuance of a formal Notice of Cancellation. A lapse in liability insurance can result in legal risks, contract breaches, and higher future premiums.

If you have already sent your payment, please disregard this notice. If you are experiencing difficulties making this payment or have questions regarding your bill, please contact our billing department at [Phone Number].

Sincerely,

[Name/Department]
[Company Name]