

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

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

Subject: Notice of Upcoming Annual Policy Premium Payment

Dear [Policyholder Name],

This is a friendly reminder that the annual premium for your policy is due soon. To ensure that your coverage remains active and uninterrupted, please submit your payment by the due date listed below.

Policy Details:

- **Policy Number:** [Policy Number]
- **Policy Type:** [Policy Type]
- **Due Date:** [Payment Due Date]
- **Total Amount Due:** \$[Amount]

Payment Options:

- **Online:** Visit [Website URL] and log into your account.
- **By Phone:** Call our billing department at [Phone Number].
- **By Mail:** Send a check payable to [Company Name] using the enclosed envelope.

If you have already made this payment, please disregard this notice. If you have any questions or would like to discuss your coverage options, please contact our customer service team at [Phone Number] or [Email Address].

Thank you for choosing [Company Name] for your insurance needs.

Sincerely,

[Sender Name]
[Title]
[Company Name]