

[Date]

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

**RE: Late Payment Notice - Policy Number: [Policy Number]**

Dear [Insured Name],

We are writing to inform you that we have not received your premium payment for the amount of \$[Amount Due], which was due on [Original Due Date].

Your policy is currently in its **grace period**. To ensure your auto insurance coverage remains active and to avoid any lapse in protection, please submit your payment by [Grace Period Expiration Date].

**Payment Options:**

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

If payment is not received by 11:59 PM on [Grace Period Expiration Date], your policy will be cancelled effective [Cancellation Date/Time], and all coverage will cease.

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

Sincerely,

[Company Name]  
[Department Name]  
[Contact Information]