

[Date]

[Policyholder Name]

[Mailing Address]

[City, State, Zip Code]

Subject: NOTICE OF LATE PREMIUM AND GRACE PERIOD

Policy Number: [Policy Number]

Policy Type: Personal Umbrella Liability Insurance

Past Due Amount: \$[Amount]

Due Date: [Original Due Date]

Dear [Policyholder Name],

Our records indicate that we have not yet received the premium payment for your Umbrella Insurance policy referenced above. We want to ensure your additional liability protection remains in place without interruption.

Please be advised that your policy is now in its **[Number]-day grace period**. To keep your coverage active, we must receive your payment of \$[Amount] no later than **[Expiration Date of Grace Period]**.

If payment is not received by this date, your policy will be cancelled effective [Cancellation Date/Time], and your excess liability coverage will lapse. A lapse in umbrella coverage could leave you personally responsible for claims that exceed your primary auto or homeowners insurance limits.

How to Pay:

- **Online:** Visit [Website URL]
- **Phone:** Call [Phone Number]
- **Mail:** Send a check to [Payment Mailing Address]

If you have already sent your payment, please disregard this notice. If you have any questions regarding your billing or coverage, please contact your agent at [Agent Phone Number].

Sincerely,

[Sender Name/Department]

[Insurance Company Name]