[Date]

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

Subject: IMPORTANT: Notice of Unpaid Premium - Policy #[Policy Number]

Dear [Policyholder Name],

Our records indicate that we have not yet received the premium payment for your [Type of Insurance, e.g., Auto/Home/Life] insurance policy, which was due on [Due Date].

To ensure your coverage remains active and to avoid a lapse in protection, please submit a payment of **$[Amount Due]** by **[Grace Period Expiration Date]**.

How to pay:

- Online: [Link to Payment Portal]
- Phone: [Phone Number]
- Mail: Send a check to [Mailing Address]

If payment is not received by the date listed above, your policy may be cancelled, leaving you without coverage. If you have already sent your payment, please disregard this notice.

If you are experiencing financial difficulties or have questions regarding your billing, please contact our customer service team at [Phone Number] or [Email Address].

Sincerely,

[Your Name/Department]
[Company Name]