Date: [Current Date]

Policyholder Name: [Policyholder Name]
Policy Number: [Policy Number]
Premium Amount Due: [Amount]
Original Due Date: [Due Date]

Subject: URGENT: Past Due Premium Reminder and Notice of Impending Lapse

Dear [Policyholder Name],

Our records indicate that we have not yet received the premium payment for the policy referenced above. Your payment was originally due on [Due Date].

Please be advised that your insurance coverage is currently in its grace period. If payment is not received by **[Lapse Date]**, your policy will lapse, and your coverage will terminate effective 11:59 PM on that date.

To ensure your protection remains uninterrupted, please submit your payment immediately using one of the following methods:

- **Online:** [Website URL]
- **Phone:** [Phone Number]
- **Mail:** [Mailing Address]

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties or have questions regarding your bill, please contact our Customer Service department at [Phone Number] as soon as possible.

Maintaining your coverage is important to us. We look forward to receiving your payment.

Sincerely,

[Sender Name/Company Name]
[Department Name]
[Contact Information]