

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: URGENT NOTICE - Outstanding Premium Payment for Policy #[Policy Number]

Dear [Policyholder Name],

Our records indicate that we have not yet received the premium payment for the policy mentioned above, which was due on [Due Date].

To ensure your insurance coverage remains active and to avoid any interruption in protection, please submit your payment of **#[Amount Due]** immediately. Failure to pay by [Cancellation Date] may result in the formal cancellation of your policy.

Payment Options:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: Send a check to [Payment 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 billing department at [Contact Number] as soon as possible.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department]

[Company Name]