

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**Subject: NOTICE OF OUTSTANDING PREMIUM BALANCE**

Dear [Policyholder Name],

This letter is to inform you that we have not yet received payment for your insurance premium due on [Original Due Date].

**Account Details:**

- Policy Number: [Policy Number]
- Current Amount Due: \$[Amount]
- Due Date: [Immediate/Specific Date]

To ensure that your coverage remains active and to avoid any lapse in protection, please submit your payment as soon as possible. You can make a payment via the following methods:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: Please 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] between [Hours of Operation].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department]

[Company Name]