Date: [Date]

To: [Agent Name]
Agency: [Agency Name]
Agent Code: [Agent Code]

Subject: ALERT: Unpaid Premium Balance - Action Required

Dear [Agent Name],

This letter is to notify you that a premium balance remains outstanding for the following policyholder:

- **Policyholder Name:** [Policyholder Name]
- **Policy Number:** [Policy Number]
- **Past Due Amount:** [Amount]
- **Original Due Date:** [Due Date]

Our records indicate that the payment for this account has not been received. As the agent of record, we request your assistance in contacting the client to secure payment and prevent a lapse in coverage.

Please note that if payment is not posted by [Cancellation Date], a formal notice of cancellation for non-payment will be issued.

If payment has already been sent, or if there are specific circumstances regarding this account that we should be aware of, please contact our Billing Department at [Phone Number] or [Email Address] immediately.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department]
[Company Name]