

Date: [Insert Date]

To: [Policyholder Name]
[Business Name]
[Address]
[City, State, Zip Code]

Subject: URGENT: Payment Method Expired - Action Required for Policy [Policy Number]

Dear [Policyholder Name],

We are writing to inform you that the credit card on file for your commercial insurance policy has expired. As a result, we were unable to process your most recent premium payment due on [Due Date].

To ensure that your business coverage remains active and to avoid a lapse in protection, please update your payment information immediately.

Policy Details:

Policy Number: [Policy Number]
Amount Due: [Amount]
Expiration Date on File: [MM/YYYY]

You can update your details and make a payment through the following methods:

- **Online:** Log in to your account at [Website URL].
- **Phone:** Call our billing department at [Phone Number].
- **Mail:** Send a check to [Mailing Address].

Please note that if payment is not received by [Cancellation Date], your policy may be subject to cancellation for non-payment. This could leave your business without essential coverage.

If you have already updated your information or sent a payment, please disregard this notice.

Sincerely,

[Your Name/Company Name]
[Billing Department]
[Contact Information]