

Date: [Insert Date]

To:

[Policyholder Name]

[Street Address]

[City, State, Zip Code]

Subject: URGENT: Action Required - Umbrella Policy Payment Failure

Dear [Policyholder Name],

We are contacting you because we were unable to process the premium payment for your Personal Umbrella Policy #[Policy Number].

Our records indicate that the credit card on file has expired or the transaction was declined. As a result, your umbrella liability coverage is currently at risk of cancellation due to non-payment.

Policy Details:

- **Policy Type:** Personal Umbrella Liability
- **Amount Due:** \$[Amount]
- **Due Date:** [Date]

To ensure your extra layer of liability protection remains active, please update your payment information immediately. You can do this by:

- Logging into your account at [Website URL]
- Calling our billing department at [Phone Number]
- Mailing a check to [Payment Address]

If payment is not received by [Grace Period End Date], your policy will lapse, and coverage will terminate effective [Cancellation Date]. A lapse in umbrella coverage could leave your assets vulnerable in the event of a major claim.

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

Sincerely,

[Agent/Company Name]

[Phone Number]

[Email Address]