URGENT: NOTICE OF UNPAID PREMIUM AND PENDING CANCELLATION

Date: [Date]

[Insured Name]
[Business Name]
[Mailing Address]
[City, State, Zip Code]

Policy Number: [Policy Number]
Policy Type: Commercial Umbrella Liability
Past Due Amount: $[Amount]
Due Date: [Due Date]

Dear [Insured Name],

This letter serves as a formal notification that we have not received the premium payment for your Commercial Umbrella Liability policy referenced above. Your policy is currently in a grace period.

Failure to receive the minimum payment of $[Amount] by [Cancellation Date] at 12:01 AM will result in the immediate cancellation of your coverage. If your policy lapses, you will lose the additional layer of liability protection that sits above your primary underlying policies.

To prevent a gap in coverage, please submit your payment immediately via one of the following methods:

- **Online:** [Website URL]
- **Phone:** [Phone Number]
- **Mail:** [Payment Mailing Address]

If payment has already been sent, please disregard this notice. If you have questions regarding your billing or need to discuss payment options, please contact your agent at [Agent Phone Number] or our billing department at [Billing Phone Number].

Sincerely,

[Name of Insurance Company/Agency]
[Department Name]
[Contact Information]