[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: OVERDUE PREMIUM NOTICE - UMBRELLA POLICY #[Policy Number]

Dear [Policyholder Name],

This letter is to inform you that we have not yet received the premium payment for your Personal Umbrella Liability Insurance policy. As of [Current Date], your account shows an overdue balance of $[Amount Due].

Your umbrella coverage provides critical protection above and beyond your primary auto and homeowners policies. To ensure your coverage remains active and to avoid a lapse in protection, please submit your payment by [Due Date/Cancellation Date].

Payment Options:

- **Online:** Visit [Website URL] to pay via credit card or bank transfer.
- **Phone:** Call our billing department at [Phone Number].
- **Mail:** Send a check to the address listed on your enclosed invoice.

If payment has already been sent, please disregard this notice. If you are experiencing financial difficulties or have questions regarding your policy, please contact your agent at [Agent Phone Number] immediately.

Failure to receive payment by the date specified above may result in the cancellation of your policy.

Sincerely,

[Sender Name/Department]
[Insurance Company Name]