

[Company Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: OVERDUE NOTICE - Commercial Fleet Policy Renewal

Policy Number: [Policy Number]
Renewal Date: [Date]
Amount Overdue: \$[Amount]

Dear [Policyholder Name],

This letter is to inform you that we have not yet received the renewal payment for your Commercial Fleet Insurance policy, which was due on [Due Date].

As of today, your account shows an outstanding balance of \$[Amount]. To ensure that your fleet remains fully covered and to avoid any lapse in protection, please submit your payment immediately.

A lapse in coverage can result in significant legal and financial risks for your business operations. Please use one of the following methods to pay:

- **Online:** [Website URL]
- **Phone:** [Phone Number]
- **Mail:** Send a check to the address listed at the top of this letter.

If you have already sent your payment, please disregard this notice. If you are experiencing difficulties making this payment, please contact our billing department at [Phone Number] to discuss available options.

Thank you for your prompt attention to this matter.

Sincerely,

[Sender Name]
[Title]
[Company Name]